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AND

WHAT HE SHOULD ADD

TO

HIS SCIENTIFIC ACQUIREMENTS

BY

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THIRD EDITION.

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THIS LITTLE WORK

IS RESPECTFULLY DEDICATED TO

PROFESSOR AUSTIN FLINT, SENIOR,

IN ADMIRATION

OF HIS VARIOUS CONTRIBUTIONS

TO SCIENTIFIC MEDICINE,

AND OF HIS

UNTIRING DEVOTION TO THE WELFARE

OF OUR PROFESSION.

PREFACE TO THE THIRD EDITION.

THE numerous commendatory notices of this work by the medical press, the encomiums of physicians in every section of our country, and the speedy sale of two large editions (6000), are gratifying proof that a want of such an essay was felt by many members of the profession. Grateful for this result, and desiring to render the work more worthy of the favor with which it has been received, the author, in preparing the third edition, has carefully corrected such portions of the text as did not clearly express themselves, and sincerely trusts that it may continue to aid more important works in advancing the general interests of the profession and the welfare of its members.

BALTIMORE, *March*, 1883.

PREFACE TO THE FIRST EDITION.

OBSERVATION has impressed the author with the belief that an essay on PERSONAL QUESTIONS IN MEDICAL PRACTICE, would be of decided benefit to numerous members of the profession. He has therefore, with diffidence, attempted the duty and jotted down the following thoughts as they suggested themselves to him in the course of a busy life, and now publishes them in the hope that they may at least awaken attention to this class of subjects in the minds of his professional brethren.

The entire work has been written in the form of a reply to a question, for the purpose of making what is said appear more direct and personal to the reader.

D. W. C.

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THE PHYSICIAN HIMSELF

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What he should add to his Scientific Acquirements.

CHAPTER I.

Professional Tact and Business Sagacity are as necessary to the physician, as the mariner's compass is to the navigator. There are gentlemen in the ranks of our profession who are perfectly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have never achieved either reputation or practice, because they lack *professional tact and business sagacity;* and there is nothing more pitiful than to see a worthy physician deficient in these qualities, waiting year after year for a practice, and a consequent sphere of professional usefulness, that never come.

Were such a physician to ask me: What shall I add to the strictly scientific, to make my success in practice more certain, more rapid, and more complete? I should advise him as follows:

You should, above all else, strive to start promptly on the road to success; for unless you let the people know you are about, make some mark, and get a reputation and a practice in your first six or eight years, the probabilities are that you never will.

It is better not to enter into partnership with other physicians. Partners are usually not equally matched in industry, tact and similar qualities, and are not equally liked by the public. Hence the union does not generally prove as beneficial or as satisfactory as expected, and consequently partnerships rarely continue long. Above all else, never ally yourself with any other doctor except as an equal. Julius Cæsar said, "I had rather be the first man in a village than the second man in a great city."

The location and appearance of your office will have a great deal to do with your progress. Select one in a genteel neighborhood, upon or very near an artery of travel, convenient to either a densely populated old section or a rapidly growing new one. If you were to locate on a back or unfrequented street, or other out-of-the-way place, it would naturally suggest to the public either defective ambition or distrust of your own acquirements.

Remember, in making your selection, that a doctor cannot rely on his near neighbors for patronage; people in his immediate neighborhood may never employ him, while some farther away would have no one else.

It is risky for a beginner to locate too near a group of popular, energetic physicians, lest their superior ad-

vantages and established reputations might keep him dwarfed for too long a time.

If possible, have an office that is not used for a family parlor or any other purpose. Exhibit æsthetic cultivation in its arrangements, and make it look fresh, neat, clean and scientific, and at the same time let it show that it is not a lawyer's office or a clergyman's sanctum, but that of a physician who has a library, and works with the instruments that science has devised. Take care to keep from sight such immodest and repulsive objects as catheters, specula, obstetric forceps, splints, trusses, amputating knives, and skeletons; but it is not unprofessional to keep at hand your microscope, and other aids to precision; also to have your diplomas, certificates of society membership, pictures of eminent professional friends and teachers, anatomical plates, professional relics and keepsakes, or anything else that has associations in your mind; but it is better to have such only as have relation to you as a student or as a physician. A cabinet of minerals is also in good taste; but let no sharks' heads, impaled butterflies, miniature ships, stuffed birds, hornet nests, or anything else be seen that will place you in any other light before patients than that of a physician. Endeavor to lead every observer to think of you as a physician only.

Display neither political nor religious emblems, portraits, etc., about your office; these relate to your personal sentiments, while your office is a public place for every class of people, and no matter what kind of partisan or sectional pictures you might display, they would surely be repugnant to some.

Have your office lighted punctually every evening at the proper hour, and in all other respects let it show attention and system.

Do not allow the ladies of the family to lounge about your office, read your books, answer the office bell, etc., lest it repel patients. Both messengers and patients prefer to meet either the doctor or his servant rather than ladies. You should respect public opinion in this and all other just subjects for criticism.

A physician is judged by the company he keeps. Avoid associating with those who bear a merited stigma, or are notoriously deficient, or whose hopes and ambitions have been blighted by their misconduct. Let your associations be as far as possible with professional brethren, and other people of genuine worth. Prefer to spend your idle time in your office, or at the drug stores, or with other doctors at the medical library, instead of lounging around club rooms, cigar stores, billiard parlors, barber shops, etc. No ordinary man ever conceived a more exalted opinion of a professional man by fraternizing with him at such places.

Be cordial with all kinds of patients, but do not hand-shake and harmonize with them unreservedly; undue familiarity shears many juniors of much of their prestige. Never become so familiar as to lay all formality aside and enter any patient's house or room without ringing, knocking or calling.

Never have companionship with Irregulars; it would detract from both you and rational medicine, which you represent, and give countenance to delusions and pretenders; avoid this and every other soiling contact.

What shall I say of debauchery with harlots and association with concubines? Of drinking and of gambling? My dear sir, if you have entered either of these roads, turn from it at once, for either will blast your career, will be fatal to every ambition. Virtue alone will make you happy and enable you to withstand your critics.

Do not induce young men to study medicine, as there are already three doctors where one is required. Besides, either their misconduct or rivalry may work injury to yourself. It is not usually either profitable or advisable to take office students, as they are necessarily in your way and divert your mind from other duties; but if you should do so, charge them for the privilege not less than the usual fee of $100 per annum.

Do not let your office be a lounging place or a smoking room for horse-jockeys, dog-fanciers, gamesters, swaggerers, politicians, coxcombs, and others whose time hangs heavily on their hands. The public looks upon physicians as being singled out and set apart and worthy of an esteem not accorded to such people, or to persons engaged in the ordinary business of life; the conversation of such companions is not believed to be in harmony with a meritorious physician's mind, it destroys public faith or prevents its growth, and on no profession does faith have such influence as on ours. The public takes cognizance of a great many little things regarding medical men, and every circumstance in your manner, appearance, conversation, habits, etc., will be closely observed and criticised, more especially in the early years of your career.

In getting office signs, remember that a doctor has signs, not as advertisements, but simply to show his office to those looking for him. Your signs should be neither too large nor too numerous. One of black smalt with gold letters is the neatest and most attractive of all; one such sign on the front wall for the daytime, and a glass one with black letters in the window, to be seen at night when your office is lighted, are sufficient. The letters on the outside sign should be round and well shaped, and not more than two inches high, with corresponding width.

All signs should be neatly made and properly lettered, for even a sign makes an impression, either good or bad, on the public, and first impressions are very enduring.

It is better to put Dr. . . . on your sign, than to put . . . , M. D. "Doctor" looks better and is understood by all.

Unless there is danger of your being confounded with some other doctor of the same name, it is well to omit your given name or initials from your signs, but it should be on your cards. Of course, if your name is "Smith," or "Jones," or "Brown," it would be necessary to put your given name on your signs, but if your name is uncommon, it is not. People would not speak of Doctor John W. Garfield, but of Doctor Garfield.

Do not allow other people's signs of tooth-drawing, cupping and leeching, millinery, dressmaking, painting and glazing, boarding, etc., in company with yours.

It is unprofessional to put where you graduated and how long you have practised, upon your cards and signs, or in the newspapers.

Establish regular office hours early in your career, and post them conspicuously in your office; also have them on your cards. An excellent rule is to direct attention to both the beginning and ending of your office hours, as: "Morning office hours begin at 7 and end at 9. Afternoon office hours begin," etc., etc. Many people think that as your office hours are from 7 to 9, if they get there one minute before 9 o'clock they are in time; whereas if they come at that time they will be sure to keep you past your hour for going out. By regulating your time thus, you can accomplish doubly as much, with less hurry and more satisfaction to all. Have on a little sign over your slate, "In leaving a message for the Doctor, be careful to write the name. street, and number."

You should keep a supply of cards with your name, residence, and office hours on them. An inch and three-quarters by three inches make a good size. It is also necessary to keep a supply of small and neat blank bills, envelopes and paper, with your name and address printed on them. Blank forms for use in giving certificates to sick members of societies, etc., are also very useful. Printed professional certificates look much better, seem more formal and give more satisfaction than written ones.

A speaking-tube from your outside office door to your bedroom is of the greatest utility for night calls. The telephone is also both a luxury and a necessity.

When you start practice get a pocket visiting list, a cash book and a ledger, and commence to keep regular accounts at once; this will teach you system and in the course of time save you hundreds of dollars.

Record the full name, occupation, and residence of every new patient; for, although the identity of this one and that one may at present be very clear in your mind, yet as patients multiply and years elapse, your recollection of various ones will become misty and confused, and the consequent loss to you will be very great.

Never neglect to make memoranda of office consultations, payments, new calls, etc., in your visiting list with a lead pencil, until you get an opportunity to write them in ink.

Have a copy of the fee table framed and hung in a semi-prominent position in your office, that you may refer patients to it whenever occasion requires. Also, have a small, neat sign, with "Office Consultations from $1 to $10," posted in some semi-prominent place in your office. It will show your rule and tell your charge; it will also remind those who really forget to pay, of the fact, and will put less honest people in a dilemma. You can, when necessary, point to it and ask for your fee, and let them know you keep no books for office patients. Such a sign will save you many a misunderstanding and many a dollar. Of course you may omit its cash enforcement towards persons with whom you have a regular account.

Having your charge from "$1 to $10," will enable you to get an extra fee for cases of an extraordinary character, and still allow you to charge minimum fees for ordinary cases. Such a schedule will make those who get off by paying the lowest fees, feel gratified; it will also show everybody that you are skilful enough to attend ten dollar cases.

Cultivate office practice; for it is a fertile source of reputation and of cash fees. Try to benefit and satisfy every patient that comes there; for each will form some definite opinion, and will ever after give you either a good or a bad name.

Keep a small case of medicines for use at your office, representing the most frequently employed articles of the pharmacopœia, especially during the first years of practice; this will familiarize you with their appearance, odor, miscibility, taste, and other characteristics, and also enable you to get fees from patients who can appreciate advice and medicine combined, but who can not appreciate advice alone. Also, for another reason: By keeping cathartic pills, aromatic spirits of ammonia, lime water, morphia granules, etc., you can, by sending a remedy by a messenger, save yourself many a tramp at night, during storms, on Sundays, great holidays, at odd hours, etc., and yet give the patient both relief and satisfaction till you can go.

You have a perfect right to supply a patient with medicine, if you choose. Very extensive use of this prerogative, however, tends to consume valuable time, and to dwarf you in other ways, and does not pay. Besides, it would engender the criticism and enmity of neighboring druggists.

When you are summoned to confinements, colics, accidents, etc., if possible go immediately. Then if you are too late you will be blameless, and neither be chagrined nor responsible. When you cannot go at once, it is much more satisfactory to your patient if you send a remedy for use till you can go, than to send a prescrip-

tion; to send a prescription in such cases seems rather as if you do not care to attend, or as if they were on your secondary list, and if the case does not eventuate favorably, you may be severely criticised.

If, at your office and elsewhere, you make use of instruments of precision—the stethoscope, ophthalmoscope, laryngoscope, the clinical thermometer, magnifying glass and microscope, make urinary analyses, etc., they will not only assist you in diagnosis, but will also aid you greatly in curing people by heightening their confidence in you and enlisting their co-operation.

Always carry with you a good clinical thermometer, a female catheter, a bistoury, a hypodermic syringe, a pair of small forceps, a stick of lunar caustic, a penknife, etc., for ready use.

Avoid syphilitic inoculation, septicæmia, etc., in making vaginal and other examinations. Cosmoline and vaseline answer very well; they have no affinity for moisture, and both keep for years without becoming rancid or decomposing. Get a pound can of either, and keep it in your office for anointing your fingers, instruments, etc. Wooden toothpicks and wooden cigar-lighters are very handy for making mops, applying caustics, etc. Being inexpensive, they can be thrown away after being used, instead of being kept for further use, as must be done with expensive articles.

Be cautious and never immerse an abraded finger in vaginal or other suspicious fluids; if your preferable hand is abraded, use the other.

You should have a special receptacle in your office for cast-off dressings of gonorrhœa, syphilis, septic

ulcers, etc., which when they accumulate should be burned.

You should live comfortably for the sake of being comfortable, and rest as much as possible on Sundays and at night; and if you would avoid the risk of breaking down your physical health, as hundreds of our profession do, consider it a cardinal duty to get your meals and your sleep as regularly as possible.

Take care to be neat in your personal appearance; above all else, wear a clean shirt and a clean collar; for, if you dress well, people will employ you more readily, accord you more confidence—expect a larger bill and pay it more willingly.

You never heard of a bank swindler, or a confidence man, or a gambler, or a counterfeiter, or pseudo-gentleman of any kind, who dressed shabbily or appeared coarse. Such people are all close students of human nature, and no matter how abandoned they are, no matter how tarnished their characters, nor how blackened their hearts, they manage to hide their deformities as with a veil from all but the few that know their true characters, by assuming the dress and manners of gentlemen. Now if genteel dress and polished manners can do so much for such fallen specimens of mankind, how much greater influence must they exert for those who are truly gentlemen and members of a lofty profession.

Do not, however, be a leader in frivolous fashions, as though your æsthetic cultivation had overshadowed everything else; nor display glaring neckties, flashy breastpins, or any other peculiarity that indicates a "swell." Even though you are poor, let it be genteel

poverty, for a physician's dress, manners and bearing should all agree with his dignified calling. The neglect of neatness of dress and the want of polite, refined manners might cause you to be shunned and criticised. You will see some whose heads are comparatively empty succeed almost entirely by attention to dress and affable manners, while many much better qualified will fail by reason of defects in these apparently trivial matters. Clean hands, polished boots, neat cuffs, gloves, fashionable clothing, cane, sun umbrella, all indicate gentility.

Avoid double callings. Divorce medicine from everything else—from the drug business, from giving public readings, singings, poetry, concerts, from base-ball, rowing, etc., because the public cannot appreciate you, or any one else, in two dissimilar characters. Although it may seem paradoxical, even reputation as a surgeon or as a specialist militates decidedly against reputation in other departments of medicine. The public in general believes a surgeon is good only for cutting, that a specialist is good only for his specialty, etc.

Hesitate even to take such offices as vaccine physician, coroner, city dispensary physician, sanitary inspector, etc., in a section where you expect to practise in future. All such functions seem to dwarf one's ultimate progress, and usually create a low-grade reputation that it is hard to outlive. To many people all such offices look somewhat like a confession of impecuniosity or inferiority, and create an impression that is not overcome for years. If you have any merit at all, private practice industriously followed will lead by better roads to speedier success.

Politics, especially during a doctor's early professional career, even when honorably pursued, is ruinous to his prospects; to take it up later, when his medical reputation is already extensive, militates against him but does not entirely ruin him. If honorable politics injures thus, how much worse are ward demagogism and wirepulling at primary meetings. You could make ten friends and ten dollars by medicine while you are making one of either by politics, besides escaping many anxious hours and bitter disappointments.

You will also find that society, church, political and other special groups of patients, gained because they are affiliated with you, rather than through appreciation of your merits as a physician, are neither very profitable nor very constant. You will find that attending patients secured promiscuously from every direction, because they have faith in you as a doctor, will in the long run pay you better than attending to politics or anything else.

You should get a respectable-looking horse and carriage, as soon as circumstances will possibly justify. A team is not only a source of health and enjoyment, in the beginning of practice, but it shows your practice is growing, and any one can ride into a full practice much quicker than he can walk into one. Besides, the unknowing public infer that a doctor who rides must have had extensive experience and a successful practice, else he could not afford it.

A riding doctor has several advantages over the one who walks; he gets a rest while riding from one patient to another, and can spend the time in thinking; can

concentrate his mind more fully on his case while riding than if walking, and when he reaches his patient he is in proper mental and physical condition to begin his duties, while the walking physician arrives tired and in need of rest. Another is, he can salute acquaintances as his carriage meets them and ride on, whereas were he on foot he might be compelled to stop, parley and lose valuable time with convalescent patients, old friends, etc.

Never let a bony horse and a seedy-looking or unsuitable kind of carriage stand in front of your office for hours at a time, as if to advertise both your poverty and your paucity of practice.

If you have two horses it is better to drive singly, that one may be resting while the other is working. Driven thus, two good, well-kept horses can carry you to as many patients as you can attend.

It is perfectly proper to attract attention to yourself by all legitimate means, but careful observation will convince you that driving ostentatious double teams, or having liveried drivers, odd-shaped or odd-colored vehicles, closed carriages, conspicuous running-gear, or blazed-faced, curious-looking horses or ponies, habitually driving as though the devil were in chase, and attempting to read a book as the carriage jolts along, also affecting odd-style hats, long hair, heavy canes, etc., all generally fail in their object, and are looked upon by many as signs of a small mind or weak head, and actually bring the one who affects them into ridicule and disrespect. Strictly avoid ostentation and every peculiarity of manner, dress, office arrangement, etc., calculated to excite either ridicule or contempt. On the

contrary, do not belittle yourself, for if you are shamefaced, diffident, lacking in aggressiveness, or deficient in tact, you will never prosper until these disadvantages are overcome.

It is customary and proper to give notice of removals, recovery from long sickness, return from long journeys, etc., in the newspapers, but it is not creditable to announce your entrance into practice, or to advertise yourself in newspapers, or to placard barber shops, hotels, etc. Puffing yourself, your cases, your apparatus or your skill, or winking at being puffed, is on a par with the speckled-horse plan. A proper pursuit of medicine will imbue you with loftier sentiments and engender nobler efforts to gain public attention, and will spur you to build your fame on stronger foundations.

Cultivate a professional manner and spirit. Do nothing to gain popular favor that does not accord with both the letter and the spirit of the code. Independent of the degradation you would feel, it would not pay to trust for business to tricks of any kind; for the veil that covers such attempts is generally too thin to hide the real motive or to turn aside ridicule.

You will be more esteemed by patients who call at your office for any purpose, if they find you engaged in your professional duties and studies, than if reading novels, making toy steamboats, or other non-professional pursuits; even reading the newspapers, smoking, etc., at times proper for study and business, have an ill effect on public opinion. Public opinion is the creator, the source of all reputation, whether good or bad, and should be respected; for a reputation is a large, a very large part of a doctor's capital.

It is very natural to expect your medical neighbors to pay you a friendly visit after you locate, whether acquainted or not; but if they fail to do so, it should not be construed as ill-will, for it may not accord with the position of doubt concerning your being regular, etc., which they for the time being occupy. True men are sometimes very slow to fraternize.

There is a very great difference between the case of an additional physician starting in a community or neighborhood, and an additional person in almost any other business. The demand for other things can be increased, but the demand for doctors is limited, so that a new doctor must create his practice out of that taken from other physicians. Every patient the newcomer adds to his list must be diverted from that of a rival, and of course the rival does not like it; for there is a little human nature still left in a man, even though he has studied medicine. The older practitioners are therefore naturally very apt to be watchful of, if not captious towards their new rival, and when they see him crowding himself in, much as we see one do in an already crowded street-car, animosities and feuds are apt to arise. There is a proverbial rancor about medical antagonisms and medical hatreds; avoid them as far as lies in your power. Courteous rivalry between doctors is advantageous to the public, because it creates a spirit of emulation, and compels each to try to be skilful and successful in practice.

It is in fact almost natural for an established physician to regret the advent of another medical aspirant; and some are sensitive and hypercritical towards every

newcomer to a degree bordering on monomania, because the new one, in coming, must exert a perturbing effect on the professional business of those already established. His coming makes more workers, and if he is skilful, actually makes less sickness; because rivalry stimulates each to try to get all curable cases well, not only surely, but quickly. Sickness, both in amount and duration, is decreased, because skilled laborers have increased. There is, of course, no greater number of cracked skulls, dislocated bones, sore legs, cases of rheumatism, or diseases of any kind, than before the new one came. He must therefore draw his share of the loaves and fishes from the others.

Study the manœuvres of that ungrateful bird the cuckoo; how the fostered cuckoo expels all the other birds from their maternal nest after its cunning mother has been unwisely allowed to deposit an egg, and their parent has watched and nourished it until it is strong enough to show its ingratitude by hurling the rightful owners out, and you will realize why established doctors dislike to see interlopers gain a foothold in their section, and effect an entrance into their families. Competitive practice does not necessitate enmity; but self-preservation is the first law of nature, and when it is endangered, every human bosom feels the same impulse.

If you are conscious of any merit above mediocrity, if you are ahead of your brethren, let mere matters of display remain secondary, while your merit is made the more prominent. This is more durable, less expensive, and more in harmony with the views of sensible people.

Do not hesitate, however, to embrace every accidental or natural advantage in practice, if legal and ethical.

You will find that intellect, genius, temperance, correct personal habits, and other excellent qualities, will all fail unless you add ambition, self-reliance and aggressiveness to them; but in your efforts to advance, you should take care not to deserve the reputation of being a sharper or of being tricky. If the balance were struck, it would probably be found a great deal harder for a doctor to trick his way along than to work it along. Determine, therefore, that in your effort you will do nothing that is criminal, nothing that will not stand every test, nothing for which you would hesitate to sue for your fee if necessary—nothing that you cannot approve of, with your hand on your heart and your face turned upwards.

CHAPTER II.

There has been of late years a disproportionate annual addition to our already overcrowded profession, and the colleges of the United States are still turning them out at the rate of more than 2000 a year, without counting the ready-made physicians gotten by immigration. The result is there are now in every community, probably, three or four doctors where one is really needed. Canada has one for every 1193 inhabitants, Austria one for every 2500, Germany one for every 3000, Great Britain one for every 1652, France one for every 1814, while we of the United States, blessed in physicians as in everything else, have, counting both regulars and irregulars, one for every 600; druggists in proportion. If there were only twice as many as needed it would be wholesome, and allow the public a choice, but, with such an excess, many worthy ones must necessarily languish, and those who flourish must do so by great skill, great tact and great industry.

The medical door—and the window too—is open, wide open, to every kind, and all kinds have entered; and you will be unusually lucky if you encounter none who are maliciously antagonistic. You will not only meet Dr. Willing, Dr. Fair and Dr. Bland, but Dr. Cynic, Dr. Sneerer, Dr. Crusty and Dr. Broiler may be encountered. Let your conduct be fair and square on all occasions. Let everybody feel that you are incapable of any dishon-

orable act. Never begin making reprisals, nor enter into a wordy war with a rival; also avoid all innuendoes and sarcastic remarks to the laity about rivals who have offended you. Resolve that you will remain a gentleman, even under provocation, whether others do or not. Observe the Golden Rule, and with dignity "Do unto others as you would have them do unto you," and trust the balance to time. Medicine is an honorable calling; resolve that it shall be no less so by your embracing it. Remember that honor and duty require you to do right, not for policy's sake, but because it is right. Do not, however, expect exact justice from enemies in return; for, were you as chaste as ice, as pure as the snow that falls from heaven, you could not escape misrepresentation by adversaries with evil eyes and lying tongues.

Although you cannot stop people's tongues nor their evil talk about you, yet you must look out that nothing is allowed to blast your reputation for honorable conduct. Charges against your skill, unless very gross and damaging, had better be left unnoticed; even though it reaches your ears that some person has said he has a total lack of faith in you, and would not call you to attend a sick kitten, etc., etc., such talk need not disturb your equanimity—remember that such remarks are not personal, but simply expressions of lack of faith in you professionally. Such things are said about every physician in the world, and are quite different from personal libels—such as charges of being a drunkard, or an adulterer, or an abortionist.

Be circumspect in boasting of the number of cases you have, of your wonderful cures, or of the surprisingly large

amount of your collections. All such things are apt to create envy, disbelief, criticism and other hurtful results. Also avoid telling from house to house how busy you are, and of your numerous bad cases—as if to swell your own importance. Indeed, it is best to relate nothing at all to laymen about any case but the one before you; to do so will not enhance you any, and if you really have extra cases and extra skill, people will be sure to find it out in other ways.

As a physician you will require a variety of talents, for you must come in contact with all kinds of people. Acuteness in adapting yourself to all classes is a very useful quality, and one in which most physicians are very deficient.

In addition to medical learning, you should strive to possess a large acquaintance with general scientific subjects and general literature, that you may acquire habits of thought, and sustain the reputation for liberal learning naturally accorded to all physicians by the public.

A good preliminary education is a powerful element in the professional struggle; and if yours is defective at the time of entering the field of medicine, the deficiency should be made up as fully as possible. But I doubt the wisdom of frittering away precious time on educational frivolities after practice is begun, nor is it wise to give special attention to collateral sciences whilst imperfect in medicine proper. Simultaneous attention to many subjects would naturally divide and distract your mind. Whatever studies you do undertake should be pursued till accomplished.

The plan of forcing themselves to pursue certain fixed aims tenaciously constitutes the peculiarity of most physicians who succeed in an eminent degree. This is not only true in medicine, but in any calling. I once knew a person who by accident lost his leg at the middle of the thigh; previous to this he was but an ordinary swimmer, but afterwards the fact of his having only one leg attracted great attention to his swimming. Seeing himself thus observed stimulated him always to do his best, which made him more and more expert, until eventually he became the best swimmer I ever saw, because the most ambitious.

If you have not had the advantages of Latin in your education, you should not fail to employ a good Latin scholar to teach you; you can get one at a nominal cost by advertising anonymously in any daily paper. He can, with the aid of a grammar and a dictionary, teach you in a short time sufficient about Latin to enable you to write prescriptions, etc., correctly, and thereby lift you above a feeling of deficiency in this important particular. Besides, ability to write your prescriptions in correct Latin naturally assists in creating respect, or rather, in preventing unfriendly criticism and disrespect for you in the minds of your fellow-physicians, the druggists, and other critics.

Many people actually believe we write prescriptions in Latin to conceal the ingredients from them. The true intent is, of course, to give every article a specific title, that mistakes of meaning may not occur between the prescriber and compounder. Besides, prescriptions written in Latin can be read by the scholars of every nation.

Latin is not only more accurate, but has become highly respectable by long usage. A rudimentary knowledge of Greek is also quite useful.

In using Latin names of medicines, and the names of diseases, muscles, etc., be consistent. Adopt either the English or the Continental pronunciation, but whichever you adopt, be careful to use it invariably, and correctly.

An acquaintance with the German language is not only pleasurable and a means of intellectual improvement that costs but little money, but it will assist you greatly with the Germans, among whom you will find many of your most honest and grateful patients. Determine to get at least a smattering of German early in your career.

You will find that many foreigners prefer an American physician who can speak their language, to one who has come here from their own country; because, being a native, they know he has spent his whole lifetime here, and they believe that has made him more familiar with the diseases that exist in our climate, and with the modifying influences of our seasons, diet, etc.

Accustom yourself to write in a good, neat, clear hand. Write every prescription as though critics were to judge you by it; principal ingredients first, adjunct next, and vehicle last, unless you have some special reason for inverting them. Such a system insures well balanced prescriptions, disciplines the prescriber, and engenders the respect and favorable criticism of all who notice it.

Strictly avoid incompatibles, both chemical and physiological. It is better to use a single remedy, or, if two

are indicated, to alternate them, unless you know they are compatible.

Be careful that abbreviations of names, manner of writing quantities, etc., leave no room for mistake. A good rule is, to read carefully every prescription after you finish writing it.

Remember that skill in practice consists not only in diagnosis, prognosis, and ordering medicine, but is the unit of all the powers that the doctor legitimately brings into the management of cases. In other words, the skilful use of medicine is but *one* of many elements that make the unit of medical skill. You must study mankind as well as medicine, and remember when working on diseased bodies that they are inhabited by minds that have warm sentiments, strong passions and vivid imaginations, which sway them powerfully both in health and in disease. To be successful you should fathom each patient's mind, discover its peculiarities, and conduct your efforts in harmony with its conditions. Let hope, expectation, faith, contentment, fear, credulity, resolution, will, and other psychological aids be your constant levers, for they may each at times exercise legitimate power. It is not length of time in practice, but study and reflection that teach the use of these. If you are not a keen observer of men and things, if you cannot read the book of human nature correctly, if you cannot unite knowledge of physic with a knowledge of mankind, with the knowledge of the hidden springs and passions that govern our race, you will be sadly deficient even after twenty years' experience.

Your professional fame is your chief capital; ambition to increase it by all legitimate means is not only

fair, but commendable. After you attain it, you will not be apt to lose either it or the practice it ensures, so long as you are sober, decent and discreet in conduct, and have the physical health to endure your labors.

A pure, virtuous mind is a great gift and a great aid to success. When elopements, seductions, confinements or abortions, or the scandal about Dr. —— or Rev. ——, or Miss ——, or the ignobleness of the pedigree of this or that one, are being talked of, you should have a silent, or at least a prudent tongue; all you say on such subjects will surely be compounded and retailed, and its result will be a permanent injury to you. The position of the gossiping doctor has ever been a very bad one, and he is not unfrequently called to account. Remember, while in contact with scandalmongers, to take care and, if possible, keep the conversation on general or abstract subjects, instead of descanting upon individuals and private affairs.

Notice the never-failing advantage that refined people with pure minds have in every station of life over the coarse and the vulgar, and in view thereof let your manner, conversation, jokes, etc., be always chaste and pure. Never forget yourself in this particular, for nothing is so hurtful to a doctor as the exhibition of an impure mind. School yourself to avoid every impropriety of manner. Chasten every thought, purify every word, and measure every phase of your deportment, if you would succeed fully, especially if gynæcology and obstetrics are part of your ambition. A lewd-minded physician who indulges in coarse ambiguities and vulgar jokes about the sexes is sure to be shunned, and the

reason therefor is sure to be made the subject of gossip, and passed from one to another till it reaches the purest and best of the community. Thinkers regard such doctors (and rightfully so) as being far worse than those who drink, cheat and swear.

If your manners and conversation are of the kind that win and conciliate rather than repel children, it will be fortunate, and will put money into your pocket that might have gone to some homœopath. Fondling, kissing and dallying with people's children, however, are liable to be misconstrued and should be avoided.

A cold, cheerless manner toward patients, an isolation of oneself from them socially, and failure to recognize would-be-friends on the streets and elsewhere, destroy all warmth towards a doctor, and usually cause their possessor to fail to inspire faith; and no doctor who cannot in some way create confidence in himself can succeed. The reputation of being a "very nice man" is even more potent with many than skill. To be affable and skilful too makes a very strong combination. If one is especially polished in manner and moderately well versed in medicine, his politeness will do him a great deal more good with the public than special acquaintance with histology, embryology, and other ultra-scientific acquirements.

Cheerfulness is also a fountain that is never failing in its influence. Medicine, contrary to the general belief, is not a gloomy, morose profession, but a bright, cheerful one. While allaying pain, curing some poor wretches and relieving others in body and mind, you will fully realize the great good your profession enables you to do,

and will naturally feel happy and satisfied with yourself and with your life-work, and this will make you cheerful.

Study to acquire an agreeable and professional manner of approaching the sick, and to take leave of them with equal skill. There is an art in entering the sick one's room with a calm earnest manner that shows an anxiety to learn your patient's condition—making the necessary examination, and then departing with a cheerful, self-satisfied demeanor that inspires confidence on the part of the patient and his friends, and a belief that you can and will do for him all that the science of medicine teaches any one to do. The walk, the movements, the language and the gestures of some doctors are pleasing; of others, rude, harsh and repulsive to the sick.

The art of keeping hope and confidence alive in the bosom of the patient and of his friends is a great one; an easy, cheerful, soothing manner is a power that will nearly always infuse tranquillity and repose into your patient's mind.

To be quick to see and understand your duty, as if possessed of intuitive skill, is one of the strongest points you can have. People invariably applaud boldness; indeed, when followed by success, a bold, prompt act often leads almost to idolatry.

Flexibility of manner, self-command, quick discernment, address, and ability to adapt yourself to the ever-changing phases of medical practice, are great necessities; the lady in her boudoir and the hod-carrier, the beer-seller and the clergyman, the aged and the young,

should each find in you his ideal. Seek to become perfect in this power of adjusting yourself.

If you have the ability to control your temper, and to maintain a cool, philosophic composure under the thousand provocations given to doctors, it will give you great advantage over those who cannot, and will generally redound greatly to your credit.

A brusque manner is bad for a doctor, unless sustained by unquestionable skill or reputation. A gentle, urbane, but firm manner is suitable to the largest part of the community. Remember that an unfeeling, or dry, or stiff, or rude, or abrupt manner is quite different from the philosophic composure acquired by constant attendance on the sick and suffering. The former is brutal and unprofessional, the latter is essential to enable you to weigh correctly and manage skilfully.

If you have any genuine idiosyncrasy it will be noticed, and, if not disagreeable, will aid you greatly; but never assume one, as the counterfeit is easily detected by all sensible men and women. Act your own character everywhere and at all times. Besides being ridiculous, a doctor who assumes a fictitious or borrowed manner must either be wrong in his heart or weak in his head.

If you have the gift of fluency in conversation, or sweetness of manner, or great native courtesy, or a never-failing stock of politeness, or a bold way of cutting the Gordian knots so often encountered, it will help you. If, on the contrary, there is any necessary aid that you lack, study and practise constantly to acquire it.

Ability to communicate your opinion of a case to the inquiring friends of the sick one, in well chosen and

proper language, is a quality so useful that you must practise to acquire it.

Act toward patients so as to remove all dread of your visits; avoid a solemn and formal or funereal manner, as it would give rise to dread of you, especially if you accompany it with a corresponding mode of dress. If your air and movements are naturally awkward or sombre, set them off by cheerfulness, suitable dress, etc.

When you visit a patient, neither tarry long enough to become a bore and compel the wish that you would go, nor make your visit so brief or abrupt as to leave the patient feeling that you have not given his case the necessary attention.

Showing an earnest, anxious, gentle interest in cases is another very strong faith-inspiring quality. To assure a sufferer that you will take the same interest in him as though he were your "own brother," or as if she were your "own sister," or will attend a child as if it were "one of your own family," and similar terse expressions of sincere sympathy and interest, inspire wonderful confidence, and are often quoted long after the doctor has used them. Whoever has any such manner, naturally, will not, can not fail to get devoted patients, who would willingly retain him in preference to all others even though they knew his skill was far below mediocrity.

After a patient convalesces, or when it is not necessary to attend him daily, if, when you are in his neighborhood, you send to inquire how he is getting along, it will not only give you the desired information, but will also impress everybody with a grateful sense of your interest in the case.

Having the sick child taken up for examination, carrying your patient to the light that you may see him fully and examine him carefully, having his urine, or his sputa, or the blood he spits, etc., saved for examination, not only gives you very necessary information as to the patient's condition, but satisfies him and everybody else of your solicitude.

You will find that in times of sudden sickness and alarm in families, there is a peculiar openness to strong impressions. Kindness shown then is doubly appreciated. Indifference or coldness, on the contrary, may then sever attachments and end friendships that have existed between the doctor and a family for years, in as many moments. Many a young doctor secures a good family permanently by kindness and assiduous attention in cases of colic, convulsions and accident; also by devoted attention in cases of typhoid, scarlet fever, etc.

You will find it comparatively easy to get practice among the moneyless poor, and relatively hard to get it among the wealthier classes. You will readily get patients among the moneyless, because you can devote more time, and fix your attention on their ailments more anxiously, than could be reasonably expected of those engaged in extensive practice, and any special interest shown such patients is observed and appreciated. Your reputation will probably begin in alleys and back streets, where it will extend much more rapidly than in comfortable quarters; but no matter whether in mansion, cottage or hovel, every patient you attend, white or black, rich or poor, will aid in shaping public opinion by giving you either a good or a bad name.

A potent lever to assist in establishing your professional reputation lies in curing the long-standing cases so often seen among the poverty-stricken. Many of these poor disease-ridden creatures are curable, but require more care and attention than older doctors, whose time is absorbed by numerous acute cases, can possibly devote to them. If you persevere with them until a cure is effected, you will gain a host of warm admirers, who will magnify and herald you forth on every occasion as being doubly skilful; and even though you receive little or no reward in the shape of money, you will augment your fame, and acquire valuable stock in the bank of experience. Such cases will school you in the art of reasoning and comparing, and will otherwise greatly benefit you. Attending the servants of the rich, however, who are sick at their service places, will not improve your reputation much; at any rate, not nearly so much as attending the same class of people at their own homes or on their own account. People who couple you professionally with their servants are apt to form a low opinion of your status and of your class of patients.

Neither will you find it very satisfactory to attend people who "just call you in to see a sick member of their family" *because* you are attending across the street or in the neighborhood. Those who select you and send for you because they prefer you to all others, will be your best patients.

You are not obliged to assume charge of any one, or to engage to attend a woman in confinement, or to involve yourself in any way against your wish; but,

after doing so, you are legally bound to attend, and to attend properly, even though it might be a charity or "never pay" patient. You have a right, however, to withdraw from any case by giving proper notice.

Remember that ethical duties and legal restraints are as binding in pauper and charity cases as in any other, for ethics and law both rest upon abstract principles, and govern all cases alike.

You will probably find hospital and dispensary patients, soldiers, sailors, and the poor, much easier to attend than the higher classes; their ailments are more definite and uncomplicated, the therapeutics more clearly indicated, and the response of their system is generally more prompt. With the wealthy and pampered, on the other hand, there is often such a concatenation of unrelated or chronic symptoms, or they are described in such diluted or exaggerated phrases, that it is difficult to judge which symptom is most important.

Remember, that attending hospital patients, sailors, soldiers, etc., where there are but two classes, the really sick and the malingerers, is apt to give a rough and ready habit of either believing every patient very sick or that there is but little or nothing the matter, and of prescribing too actively and too crudely to suit the squeamish people with indefinite ailments, so often encountered in private practice, and to feel contempt for the foibles of patients with frivolous complaints. Indeed, hospital practice is so different from private, that but few members of our profession shine conspicuously as practitioners in both spheres. We also see the same illustrated at college and in medical societies; the best

medical orators and the most fluent debaters are not always the best practitioners, because the two fields are quite different. Theory is one thing, practice another.

It is your duty to familiarize yourself with the Code of Ethics at the very threshold of your professional career, and never to violate either its letter or its spirit, but always scrupulously to observe both towards all *regular* graduates practising as *regular* physicians. But remember that you are neither required nor allowed to extend its favoring provisions to any one practising *contrary to* the cherished truths that guide the regular profession, no matter who or what he may be.

I am not sure that the medical profession of any other country than ours has a code of written ethics. Here the very nature of society requires that physicians shall have some system of written ethics, to define their duties and regulate their conduct towards each other and the public. Even were there no written rules at all, the vast majority of medical men, actuated by a lofty professional spirit, striving to do right instead of wrong, would naturally conform themselves to the rules of justice as nearly as their conscience could decide, and as a consequence, each one's action, when scanned by watchful and knowing eyes, might probably be considered fair in nine doubtful cases out of ten, while in the tenth one might conclude differently from one's neighbors, or might be found differing in opinion only from some captious rival with whom an honorable agreement would be impossible. The absence of rules for our government would also leave it possible, for such as have the power, to carry on a regular grab system, regardless

of right or wrong, toward their professional brethren, and still claim to be honorable physicians, whilst those aggrieved would have nothing to appeal to, to prove the contrary.

In view of these and many other facts it has been found necessary to have a code of written ethics for regulating the conduct of every physician towards those around him.

Dr. Thomas Percival, an English physician, in a small book published in London in 1807, proposed a code of ethics, which, excepting a few alterations made necessary by the advance of medical science, is the identical code adopted by the American Medical Association in 1847, and which from then until now has governed our whole profession throughout this broad land. All physicians are supposed to have studied this code, and every one is supposed to be familiar with its requirements. The claim which it has upon you rests not upon any obligation of personal friendship toward your professional brethren, but upon the fact that it is founded on the broad basis of equal rights and equal privileges to every member of the profession, and stands like a lighthouse to guide and direct all who wish to sail in an honorable course.

This code of ethics is the oracle to which you can resort and learn what things justice allows and what it prohibits; and it is to a very great extent these lofty ethics that elevate the medical profession in our land so far above common avocations, and give its brotherhood esteem and honorable standing everywhere. By its justness this code remains as fresh and beautiful to-day

as when Percival penned it seventy-five years ago, and if you faithfully observe it, you can truthfully exclaim, "I feel within me a peace above all earthly dignities, a clear and quiet conscience."

In our land this code is the balance-wheel that regulates all professional action, and no one, either the eminent ones of the profession covered with honors and titles, or the beginner in the ranks, can openly ignore it without overthrowing that which is vital to his standing among medical men. If you desire to act unfairly toward your brethren, this code will compel you to do the evil biddings of your heart by stealth, and even then your unfairness will seldom go undetected or unpunished. The great God of Heaven has declared that "whatsoever a man soweth, that shall he also reap." Any one you encroach upon in an unprofessional manner will feel himself justified in retaliating with your own weapons, and you will reap a crop similar to the seed sown. Whenever you sow a thistle or a thorn you will reap thistles or thorns, whenever a wind is sown a whirlwind will be reaped; whilst the sweeter seeds sown by others will be yielding to others sweeter fruits.

When called to attend a case previously under the care of another physician, especially if the patient and friends are dissatisfied with his treatment, or if it is likely to prove fatal, do not involve him by expressing a wish that you had been called sooner, or criticise his conduct or his remedies; it is cowardly and mean to do either. Remember in all such cases to reply to the questions of the sick one or his enquiring friends, that your duty is *with the present and future, not with the past.*

Refuse either to examine or criticise the previous attendant's remedies. Also, make your conversation refer strictly to the present and future, and not to the past, and do not mention your predecessor at all, unless you can speak clearly to his advantage. As a rule, the less you say about the previous treatment the better.

To take a mean advantage of any one you have superseded, besides being wrong, might engender a professional hornet, who in retaliation would watch with a malignant eye and sting fiercely wherever opportunity offered. Courtesy, truth and justice should mark every step of your career. Enhance your profession in public esteem at every opportunity, and defend your brethren and your profession too, when either is unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother when justice demands it is ignoble, unprofessional, and implies a quasi-sanction of the libel.

We all know there are a thousand unwritten ways to be ethical, and a thousand undefinable ways to be unethical. When you doubt whether a patient is fairly yours or another's, give your rival the benefit of that doubt. Never be tenacious of doubtful rights, but let your conduct in this and all other respects entitle you to the esteem of your medical neighbors.

Do not captiously follow up every trifling infringement, difficulty, or apparent contradiction; a certain amount of jarring and clashing in a profession like ours is unavoidable. Allow liberally for this, school your feelings, bury captiousness in the ocean of oblivion, and maintain your friendly attitude toward all fairly disposed neighbors. Unless you do this, many questions

will arise that cannot be adjusted by the code, and you will become involved in useless, rancorous and endless controversies and reprisals. Friendly offices are daily performed by physicians for one another, and go far, very far, toward neutralizing the ruffles and stings which the very nature of our profession makes inevitable.

Be careful not to run into any other doctor's practice, and never attempt unjustly to retain any one to whom you are called in an emergency; if you are in doubt whether you were deliberately chosen, or only taken in the emergency, ask the direct question. If another was preferred to you, surrender the patient to him on his arrival. Circumstances may even require you to have the former attendant sent for, either to take the case, or for consultation. If your conduct toward other physicians in these matters is invariably honorable and just, it will be discovered in due time, and will make your road pleasant, and if you ever unwittingly infringe, all will feel that it is through mistake and not intentional. Keep above all doubtful expedients that relate to getting patients and profits.

Never visit a patient who is under the care of another doctor, as a medical detective for his beneficial society, to ascertain whether he is malingering, without that doctor's previous consent. It would be a still greater offence to remove the bandages from fractures, ulcers, etc., put on by another physician, whether to change treatment or merely to examine the case.

Be also extremely discreet and chary of visiting patients under the care of other doctors, even for social purposes, as it is a frequent cause of suspicion and contention.

Never take charge of a patient recently under the care of any other regular physician, without first ascertaining that he has been formally notified of the change. The idea that governs such cases is this: When a person sickens he can select any physician he prefers, but after making a selection and when the one selected has taken charge, if for any reason whatever he wants to change, he must follow the established form in doing so. If there are any hard thoughts against the other doctor or unpleasant scenes with him, the patient and his friends must have them, not you.

You should never suggest that an attending physician be discharged so that you may be employed.

Be chary of taking cases in families into which you have ever been called to consult, more especially if you were called at the other doctor's suggestion, for the displaced doctor, chagrined at his displacement, will be apt to scan every feature of the change, and if he has any basis at all, will conclude that instead of obeying the golden rule you have ungenerously elbowed him out.

You will often be called to a patient, and upon going, will find he is under the care of some other doctor, and will, of course, refuse to attend, but you will almost surely be urged just to look at the patient and tell what you think, or to prescribe for him. Unless a great emergency exists, you should positively refuse to do either; if you do consent it should be done for the attending doctor, and you should leave a note telling him what you have done. When persons are inveighing to you against an attending physician and finding fault with his treatment, you should never suggest that he be discharged so that you may supplant him.

The rules regarding previous attendance are less stringent in floating office practice than in regular family practice; some of the most eminent prescribe for all ordinary office cases, with but little regard to who has been attending, or where, or when.

In spite of ethics you will see much to condemn, both in the profession and in the laity. If you are ever compelled to attack any one's conduct, do it boldly, or at least never do it anonymously or in whispers; anonymous and covert attacks are cowardly.

Be punctilious in your endeavors to give every one justice. If you err at all in this respect, let it be in liberality. Sometimes, even though the letter of ethics allows you to take a patient, it may be unkind or unwise to do so; use such opportunities to harmonize, rather than to disrupt. You can do this and yet not make a habit of cheating yourself out of patients.

Always keep a stock of good vaccine on hand, both for the fees it secures, when there is a demand for vaccination, and for fear of a sudden outbreak of small pox.

Vaccination, although a trifling operation, is a prolific cause of criticism and reproach to physicians. Use calf virus whenever it is possible to obtain it; it is popular, and not capable of communicating syphilis, scrofula, etc., and needs no defence. In no case use any but pure virus, and be ever ready to defend its purity with proof, if any one you vaccinate has misfortune with it.

Do not begin the unjust custom of vaccinating the child gratis in cases where you have officiated at its birth, as is the custom with some. Also charge the same for revaccinating any one to test whether his former vaccination is still protective or not, as you would if he never

had been vaccinated before, whether it takes or not, as revaccination takes in but a small proportion of those it is tried upon, and the charge is for the trial.

You should, of course, make no extra charge for repeating primary vaccinations till they take, no matter how long the interval between the trials; also, make but one charge for any person who has revaccination attempted no matter how often, if during the same epidemic or scare. Many people believe a vaccination protects as long as the scar shows plainly. The truth is a vaccine scar lasts for life, while the protective influence of vaccination gradually disappears in many people. A vaccine scar merely shows that vaccination took properly, not that it still protects.

Be very cautious how you go out of your way to persuade people to let you remove warts, extract tumors, destroy nævi, efface tattoo marks, and to do other minor surgical operations gratis, with assurances of success, etc. There is always a remote possibility of serious or fatal sequelæ, and you should not, especially in private practice, induce people to let you involve yourself for their benefit, without being paid for your risk and responsibility. It is an ugly thing to have a wart, you have insisted upon tampering with, become an ulcerating epithelioma. Indeed it is better to avoid all unrequited work and all gratuitous responsibility, except what charity calls for.

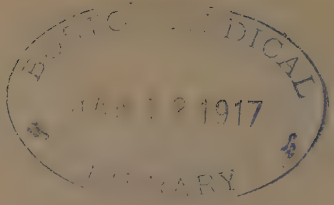
Wisdom in recognizing cases that are likely to involve you in suits for malpractice, and in foreseeing and forestalling the suits themselves, is a valuable power. Take care that this wisdom does not come too late, or cost you too much.

Never fail to send your bill promptly to dissatisfied patients who are threatening to sue you for malpractice, or attempting to injure your practice unjustly, whether you expect them ever to pay it or not. If you cowardly shrink from sending your bill in such cases, they will quote that as a proof that you are guilty of what they charge, and that you know it; sending your bill gives you a better position before the public, and raises an issue that checkmates theirs. *Do not fail to charge the maximum fee in all such cases.*

Every principle of honor and duty forbids you even to think of lending yourself as a medical cat's-paw in unjust malpractice suits against other physicians. Such so-called "medical experts" often excite disgust and indignation at the sophistical attitudes they assume, when they act against their better knowledge and join hands with bad people and attempt to mulct a physician, or to clear a criminal from legal responsibility on the plea of "insanity," or other wicked absurdity gotten up to make money or to defeat justice.

Probably there is no department of professional duty in which physicians are so often asked to *stretch* their consciences, as that of giving certificates to persons seeking to get government pensions.

Steer clear of this and all other practices and alliances in which your part would not bear legal scrutiny, or detailing in the community; and you will not only safely pass the shoals of shame and bitterness, upon which so many have been wrecked, but you will have another, a positive reward — you will feel the approval of your own conscience.



CHAPTER III.

When you are importuned to produce abortion, on the plea of saving the poor girl's character, or to prevent her sister's heart from being broken, or her father from discovering her misfortune and committing murder, or to prevent the child's father from being disgraced, or to avert the shame that would fall on the family, or the church scandal, etc., etc.; or to limit the number of children for married people who already have as many as they want, or for ladies who assert that they are too sickly to have children, or that their sucking child is too young to be weaned, etc., you should meet them with a refusal as cold as ice, and never even seem to entertain the proposition. If they are too importunate, express your sentiments strongly.

How could any one but a fool be induced to take the burden from another's shoulders to his own, by doing a crimson crime; to violate both his conscience and the law; to risk exposure, social and professional ruin and the penitentiary, by putting himself into any one's guilty power, whether as a favor or for a paltry fee?

When circumstances require you to prescribe for females with delayed menses, where pregnancy is probably or possibly the cause, it is better, instead of giving a Latinized prescription, to order some simple thing, such as hop tea, tincture of valerian, or wine of iron, under its common English name, and tell them verbally

how to take it. By avoiding concealment regarding the nature of the remedies you give, you will escape the suspicion or charge of giving abortifacients.

You must give a cautious, a very cautious opinion, if any, in cases of unmarried females whose menses have ceased, and where pregnancy is feared; especially in cases where the suspected girl strenuously denies having had carnal intercourse. Erroneously to pronounce her pregnant might blast her whole future and call down maledictions on you; if on the contrary you too quickly declare her "not pregnant," it might injure you greatly; but this mistake would be nothing in comparison with the other. Temporize, or suspend your opinion for weeks, or even months if need be, till positively certain.

Unmarried negresses and low females who fear they are pregnant, will occasionally consult you, consume your time and get your opinion, and when you discover that they are really pregnant, and refuse to produce abortion, will try to escape payment of your office fee. In all such cases inform them at the beginning how much your fee is for your time, opinion and advice, and that it must be paid whether your recommendation agrees with their wishes or not. After settling the fee question, study their case and give them your opinion and advice.

Never carry away or keep chloroform, ergot, splints, instruments, unused medicines, etc., that patients have paid for, without an agreement with them to that effect; also never partake of a sick man's wine or liquor. To do such things would not only lay you open to criticism, but even to the most mortifying charges if a rupture of

friendship should ever occur—in fact, with such things to fortify them, people would be more apt to welcome or create a rupture with you.

You should be careful that attempts to conceal the presence of contagious diseases, of unlawful dangers to health, or births that result from clandestine marriage or from bastardy, do not involve you in the exposures and recriminations that are apt to follow.

If you have skill in avoiding cases that would involve a summons to court as a witness, and kindred annoyances legal and social, it will be the source of much comfort.

The practice of medicine isolates doctors from one another much more than one would suppose. Physicians daily pass and repass each other without a look or nod; although fellow-workers in the profession and well known to each other by sight or reputation, and although acquaintanceship would be mutually agreeable and beneficial, they must remain as strangers for years, unless accident brings them together.

Do not hold yourself aloof from the profession; but identify yourself with it in all public medical matters, at medical conventions, at assemblages of alumni, at medical meetings called to pay tributes of respect to deceased medical brethren, at those held to consider public dangers, epidemics, hygiene, etc.

Also, join the medical societies of your neighborhood; organization does good, both to the profession and to individuals. Friction of mind against mind in amicable discussion liberalizes and enlarges the scope of each and acts as leaven to the entire profession. No-

where else can you study the styles of different doctors, and learn the secrets of each one's success or non-success so fully as at medical meetings. There, each contributes to the instruction and intellectual recreation of the others. There, you can meet your neighbors on common ground, and experience and opinion can be compared by face-to-face discussion; there, rivalries, dissensions and controversies can be softened, and professional friendships be formed; there, you can measure the height and depth of your medical contemporaries, and see the difference between pigmies and athletes, between giants and dwarfs; there, you can estimate the influence of many undefinable excellences in some, and discover and learn to avoid the imperfections of others,—and in many other respects learn effectually to separate the chaff from the wheat.

Of course, medical societies are neither a specific for all personal deficiencies nor a panacea for all professional sores. Spending a few hours among honorable physicians once a week will not convert a willing doer of evil into a professional Chesterfield, or give him the polish and value of refined gold, or lend him a conscience like Milton's, but it will serve as an intellectual and social exchange, where one may get new combinations of ideas and fresh streams of knowledge. Besides the individual benefits accruing to the members, a genuine professional spirit is generated, that constantly tends to minimize all that is unprofessional.

Never oppose the admission of any one into society membership for private or personal reasons, or for any cause other than ineligibility or unfitness to receive the

honors and benefits membership confers, because medical societies exist for the benefit of all regular physicians, and for the good of mankind, and it would be unjust to interpose an objection, or to cast a black ball against any one, on purely personal grounds.

Do not hesitate to take part in medical debates whenever you have anything valuable to offer, whether gleaned from literature or from the great school of experience. If you have anything to say, say it in a careful, methodical manner, then sit down; but always remember that when you have nothing worth offering, silence should be your law—do not break it. In speaking, take care neither to abandon your medical vocabulary for the vernacular, nor let your professional manner degenerate. Remember there, as elsewhere, that there is nothing infallible; that a doctor must school his prejudices and be open to conviction. Those who can brook no opinion that does not accord with their own are usually hot-headed, rash and indiscreet, and very unsafe guides. Also, remember that parliamentary battles, no matter how sharp, are usually conducted by men of discretion within the bounds of parliamentary decorum, and without violations of the ordinary rules of good breeding; that there is no mode of practice and no remedy for any disease that has not been the subject of obstinate dispute, and that every new announcement brings the whole medical world into collision, testing and reporting, asserting and denying.

You will find that many of the laity entertain a belief that medical societies exist for the pecuniary advancement of doctors, just as trades unions and other

organizations do for workingmen. Be careful to correct this error on all suitable occasions, and to inform them that medical societies exist not for selfish purposes, but chiefly for scientific objects.

Keep up your medical studies, or what you formerly acquired will rapidly become misty and glide from you. Without study, the details of cases and the symptoms of many diseases wear out of one's memory in three or four years; indeed, the mind does not often bring back the details of parallel cases, or of cases for comparison, after two or three years have elapsed, unless they are extremely uncommon or interesting.

In consulting journals and text-books, remember that practice found successful in your own climate or region is usually more reliable for your use than that applicable in other climates or other countries. Also, avoid old medical works as guides in the progressive branches; medicine is an ever-growing science. New investigations render new text-books frequently necessary.

Subscribe to as many medical journals as you can read and can afford to pay for. Read them carefully, so as to keep abreast of the times, but neither swear at nor by all you see in them; be especially careful of such as exist for the purpose of advertising either their owner or his goods. As a rule you will find that statements involving therapeutics, found in the latest text books, are more mature and more reliable than articles in journals, which are often founded on a single case, or the unconfirmed experience of a single individual.

Do not be biased too quickly or strongly in favor of new or unsettled theories based on physiological, micro-

scopical or chemical experiments. If you abandon the practical branches of medicine for histology, post-mortem researches, refined diagnostics, and abstract reasoning, your usefulness as a physician will almost surely diminish. I do not refer to teachers and experimenters, who have hospital and laboratory facilities, and who do not look to their practice for support. Your most useful studies, as a practitioner, will be hygiene and the art of treating diseases with success.

Take care that book-agents do not induce you by their fluency to subscribe for works you have but little or no use for.

Never publish weak or trifling medical articles, as whatever one writes is supposed to be a mirror of his own mind. When you write anything for the journals, give your article a proper title, avoid diffuseness, and use no far-fetched quotations from foreign languages unless followed immediately by translation; for unless it is some stale, hackneyed term, the average reader will probably be forced either to pass it over unsolved, or take down his dusty quotation book or his schoolboy grammar. Pity those who are either so ignorant, on the one hand, and those who are so high-flown on the other, that they cannot express themselves in their mother-tongue.

The recent attempt to supersede the old weights and measures by the metric system did not succeed; it is therefore scarcely worth while to weigh its merits. When you report cases or publish anything in which weights are given, either use the old familiar weights and measures (which every one understands) or give

both the old and the metric; to use the metric only savors of pedantry. Many do not attempt to carry the metric equivalents in their minds, and if you give metric measures only they might pass your effusions by without getting the information you wished to convey.

Note all remarkable cases, but never report or publish any that are not unique, or at least that do not present some curious or very unusual feature, or militate against accepted theories; otherwise you will merely swell, without adding anything valuable to existing records. You will find every department of medicine fast becoming loaded down with empty word-building, old things said in a new form. You should contribute original work, and new ideas, if any. Be as brief and logical as justice to your subject will allow, and, for the printer's sake, prepare your matter so as to require but little if any revision.

When you write essays or monographs, use for convenience sake the smallest sized sheets of white note paper; this will enable you to handle them more easily in writing, altering and rewriting pages, and also to carry and preserve them much better than if large.

Never furnish a report, statement, or opinion on any important case or subject for publication either in book, journal or newspaper, without a proviso that you are to see, and if necessary revise the proof and correct printer's errors before it goes to press.

When you publish anything do not follow the custom of appending to your name a long tail, consisting of all the titles and honors, whether strong or weak, that you can rake together, with half a dozen etc's; such an

enumeration is in bad taste and excites the ridicule of discerning people. The idea governing the use of suffixes is chiefly that the individual who writes may be identified; a single suffix or simple title, or your town, street and number, are more modest and equally as useful.

Pay your honest debts punctually, even though you are cheated out of half you earn. The best plan is to pay as you go, and if you cannot pay much, do not go far. Owing for horses, feed, carriages, or clothes, or still worse, luxuries, rent, servants' wages, etc., cannot fail to set the tongue of scandal to wagging freely and injuriously. You will have to pay every debt one time or another, and had better be paying each as it becomes due than those that should have been paid a month or a year ago.

Borrowing books, instruments, umbrellas, money, etc., especially if you keep them beyond the proper time, or return them in bad condition, will tend to depreciate you more than you would think. Never involve yourself by borrowing apparatus, instruments, etc., from one doctor or patient to lend to another; if necessary, introduce the parties, and let the borrower do the borrowing on his own responsibility

Do not squirt tobacco-juice around you at your visits, or have your breath reeking with its fumes, or with those of cloves, cardamom, alcohol, dead beer, etc., or you will unavoidably invite criticism and create revulsion towards you.

Appearing in your shirt sleeves, wearing rough, creaking boots, or carpentering, painting, or showing other

out-of-place talent, or chewing, smoking, sky-larking, etc., will show weakness, diminish your lustre, detract from your dignity, and lessen you in public esteem, by forcing on everybody the conclusion that you are after all but an ordinary person. You may secure faith in spite of these, but usually such things tend decidedly to decrease it.

Drunkenness may be tolerated in doctors who are fully established in practice, because attachments had been formed and their talents had become known previous to the formation of the habit; but it is fatal to the prospects of a beginner.

An excellent course is to avoid intoxicating drinks yourself, and let others do as they think best. If it is known that you never drink, it will be of immense advantage to your reputation; but urging temperance on all occasions, or being a member of temperance, of secret, or of beneficial societies, will not aid much in the acquirement of desirable business; indeed, the best practice you can have is the quiet family business that you will attract by faithful endeavors to do your best for all who apply to you.

Temperance, total abstinence, prohibition, and other sumptuary crusades will be apt to recoil on your head if you make yourself prominent in them. Pushing matters of a partisan nature is not your function, and you cannot become officious in them without engendering rancorous enemies. You had better leave all such matters to the laity, unless your pecuniary or social position is such that you can very well afford it, or you are driven into them by conscientious scruples that outweigh

all other considerations; and even then it is better to let your profession be foremost in your mind.

Presents from fond or grateful patients, or very liberal ones, although flattering, will almost invariably lead to confusion, or to a breaking up of the legitimate pecuniary relation between the giver and yourself to such a degree that it cannot be fully restored. Probably every practitioner can recall numerous instances in which presents of game, fruit, cigars, wine, whips, canes, or new hats, have proven exceedingly expensive. When you foresee such a result, be guarded.

A good rule is to decline all presents that would place you under embarrassing obligations to patients. Another good rule is to avoid mixed dealings and crossed accounts with hucksters, grocers, feed-men, milk-men, and other patients, as such an arrangement will rarely continue to be satisfactory; it often engenders disagreements, and will almost always result in your getting only about half as much for your services as if you had avoided entanglement and dealt on a money basis. It is decidedly better to avoid all such involvements, and let those for whom you work pay you in money, you in turn doing likewise. Avoid these and all other things that tend to weaken your business rules.

Preserve a proper degree of gravity and dignity on all occasions. Frivolous conduct, vulgar jokes, great levity and undue familiarity are unprofessional, and breed contempt and scandal. Discourage all attempts to address you with a "Hallo Doc!" or to pass the limit of propriety in any way with you. Give every one his proper title, and exact the same respect in return. Do

not understand me to condemn good-natured pleasantry; when manly and within bounds, it is often appropriate, and sometimes actually serves as a tonic to a patient's drooping spirits. If you wear a cheerful mien it will be health to you and sunshine to your patients.

Try to give satisfaction at your visits; show that you are anxious to relieve both the body and mind of your patient, and you will not, cannot fail to succeed in your ambition to get practice. To do this fully you must feel and express a genuine interest in the case and in the effects of the remedies you are using.

When you scold or find fault with patients or their attendants, preface what you say by explaining that you are *not scolding in anger*, but because you feel an earnest desire to have them do right for everybody's sake. By prefacing thus you will completely disarm resentment, and they will take all you say in good part.

If you are unmarried it will often be quoted against you; but the truth is, there is no great professional advantage gained by being married. The objection to most unmarried doctors is really not their being unmarried, but their youthfulness. To marry with an eye to business only would be apt to entail expenses and responsibilities without corresponding benefits. Besides, you should keep both business and marriage on a higher plane. You will often see in your professional career the misery that flows from degrading marriage by entering into it from other considerations than love and congeniality, and you should not risk it yourself.

Everybody wants a lucky, conservative doctor; therefore a series of dystocias, or of deaths in child-bed, or of

surgical operations that fail, or of cases of any kind that eventuate unexpectedly ill, often injures the physician for years, by attaching to him—especially if he is a beginner—either charges of being blind to danger and to duty, or a *long-to-be-remembered* reputation for bad luck. If such a series unfortunately begins in your practice, strengthen yourself by consultations, etc.

The power of impressing those you meet with a favorable opinion of your adaptation to your calling is an important advantage. Discipline yourself by self-examination whenever you have conducted yourself unsatisfactorily. This will teach you to conceal or eradicate your defects and faults, and to give prominence to your good qualities.

No one can succeed fully without the favorable opinion of the maids and matrons he meets in the sick room. The females of every family have a potent voice in selecting the family physician. I have often thought that the secret why so many truly scientific aspirants fail to get practice is that their manner and acquirements do not appeal to the female mind.

Ability to please and retain those who employ you in an emergency, or tentatively, is also a power that you should carefully cultivate.

You will find that remembrance of the names of children and of patients you see but rarely, and the salient points of former interviews with them, are very useful adjuncts to other qualities.

Children's likes and dislikes will control your destiny in many a family. Many people patronize various forms of quackery for no greater reason than that "the child-

ren take it easily," knowing from experience that an attempt to give pills or bitter doses to refractory or spoilt children means a fight and a failure.

You must not rely strongly on social influence for getting practice. You may be socially a great favorite while all are well, but when sickness comes and death threatens the afflicted one, the impulses of friendship are dormant and do not influence the choice of a doctor. No member of any family circle will be spared if any human power can save, and persons terrified at the possibility of losing the provident husband, beloved wife, blooming daughter, darling babe, dutiful son, or honored parent, as the case may be, instinctively send for the doctor in whose skill they have most confidence. They go past the beginner about whom they know too little,—past the one whose system requires so much stimulating, about whom they know too much,—past the gay, the fickle, the sentimental and the unchaste,—past all whose unprofessional demeanor proves them to be either unripe or unsuited to a stewardship so solemn, so precious, so weighty as that of a family physician,—past all, till they reach the one in whom their faith, their medical confidence centre; faith is the great controlling lever.

There is a certain fact that you might not observe without having your attention called to it; it is, that after you get into full practice, your days, weeks, months and years will flit by faster than those of other people, because as a doctor they will be incessantly occupied with a medley of important cases, and the lapse of time will consequently be almost magical.

You should seek proper relaxations and amusements while the age for enjoying them remains. Many doctors

foolishly postpone all relaxation from one time to another, intending to indulge in ease and pleasure when they get older, and thus forego seeking enjoyments till they lose all taste for them, till they know nothing and are fit for nothing but to work in the doctor's hard, slavish treadmill for life. A little leisure is a great blessing. An occasional day's sport, or a summer trip, or an evening at a convivial gathering or at the theatre, etc., will act as seasoning to your labors, will break the monotony, subdue mental irritability, afford diversion, and actually make you more philosophical and a better doctor.

Newspaper notices of your departure from the city for seaside, mountain or other pleasure trips, will, if allowed, have a disturbing and hurtful influence on your practice while you are away, and even after your return. Reporters are aware how such items injure doctors, and seldom publish them unless requested. The register clerk of hotels where you register will, if asked to do so, omit announcing your arrival in the newspapers which would publish your absence from business to the whole world.

When you assume charge of a case for a doctor, to look after during his absence from the city, or one of your own that has been under the care of a substitute while you were away, or that any one has attended in an emergency pending your arrival, or because the attending doctor has been taken sick, continue his line of treatment, at least for a while, if you can conscientiously do so. An abrupt radical change, either in diagnosis, prognosis or treatment, is both ungenerous and

injurious to your co-worker. In such a case, if you believe something more should be given, merely add it to what is already being done. This avoids unpleasant reflections.

Give the right hand of fellowship to every regular, honorable physician, no matter what his misfortunes or how great his deficiencies; on the other hand, refuse it to all irregulars, no matter how great their acquirements, their reputation, or their pomp.

Be polite and considerate to every one, especially when you are vexed or in a hurry; abruptness makes many useless wounds, some of which are difficult to heal. True politeness is a seed that costs nothing, can be planted anywhere—that always bears good fruit. Resolve that you will cultivate it as long as you live.

CHAPTER IV.

Always feel and show respect for your seniors in practice. There is probably no type of medical man so unworthy of respect as the one who shows contempt for his seniors. You may excel the older physicians in severely scientific and technical points, but they have an experience and an intuitive forecast of the necessities and the results of cases that far outweigh mere book knowledge, and make them better logicians and much better practitioners; because knowledge derived from observation and experience is more like part of one's very nature than that gotten from any other source, and is fixed indelibly on both one's senses and reason. Remember that although younger doctors indulge more in scientific "extras" than older ones, yet the art of curing disease owes more to good judgment and common-sense bedside experience than to anything else.

When you have been a doctor long enough to make your patients feel that you alone are acquainted with their moral and physical idiosyncrasies, it will give you great advantage, and will make attending them much easier. You will occasionally be employed in cases because you have long ago attended other members of the family in similar affections and are supposed to know the family constitution. You will find that "knowing people's constitutions" is a powerful acquisition.

Never ask, as you enter to pay the first visit to a patient, the awkward question, "What is the matter with you?" or at any other visit, "How are you to-day?" or he may retort, *that* is what he wants the doctor to tell him.

Experience and skill are what the public seek in a physician; they are most important, and the public know it. You should carefully try to appear possessed of both. Of course, we all have aftersight, but foresight is what is needed. Experience will enable you each year to foresee many events with increased clearness, and if you compel yourself to be a faithful worker and good observer, every year will make you a better physician, and by the time you have worked and observed for ten or twelve years you will be clinically familiar with all the more common afflictions that are sure to confront you, and you will know how to shape your diagnosis and prognosis in each far better than your juniors.

In addition to the great advantage the older physicians have over the younger ones, from increased ability to foresee the probable degree and duration of grave cases, and to give concerning them truer opinions from the beginning, they can from experience recognize and point out cases that are dubious or likely to prove very slow and tedious, thereby saving themselves from much anxiety and blame. Of course, these advantages advance their reputation, and enable them to carry cases and retain confidence much better than younger physicians can. This is the chief reason why the practice of medicine becomes relatively easier every year. You will find that after you have practised twelve or fifteen

years, after you have forgotten much of your theoretical knowledge,—which was probably greater at graduation than it will ever be again,—your experience will be invaluable to you and will often serve you where nothing else can. This *self-attained* knowledge is the kind that makes the public always prefer the older physicians and distrust the younger ones.

The public love to see a doctor appear to know things intuitively, and you must study and practise to be quick in diagnosis, and ever ready in the treatment of the ordinary cases that will constitute nine-tenths of your practice.

Remember this: Every one likes to believe that the doctor is treating him by a regular plan rather than firing at random, more especially in diseases that are believed to depend on the blood or on a diathesis.

Make post-mortem examinations and scientific use of your opportunities whenever proper cases present themselves. Experiments that require vivisection would not, however, add much to your reputation, as such things are supposed to have been studied as far as needful before leaving college. On the contrary, making clinical analyses of the urine and other fluids will not only lead you to invaluable information regarding your patient's condition, but will be a great element in giving you popularity and respect.

Working with the microscope on proper occasions will not only increase your knowledge, but will also invest you with the benefits of a scientific reputation in public esteem.

Obstetrical practice is in some respects desirable, especially in the beginning, as it paves the way to per-

manent family practice; but waiting at the bedside entails a tremendous loss of time. If you ever get so overrun with business that time is precious with you, it will overtax you, and it may become actually necessary to shut it off to get time for other patients, meals, sleep, etc., or at least to limit your engagements to attend cases as far as possible. It is a wearing branch of practice, one that is full of care and responsibility.

Although midwifery cases lead to other family practice, you will find after you get into full practice that the fees for attending them are, on account of loss of precious time, of sleep, etc., proportionately more meagre than in any other department of practice.

When a patient engages you to attend her in confinement, write her call on one of your cards and give it to her, and instruct her to send it to you as soon as she feels that you are needed. This emphasizes the engagement, and makes her more apt when her time comes to send for you than for a midwife.

In spite of this, however, you will occasionally be engaged for a case, and after being kept in suspense for weeks or months, will learn that the labor is over, that a midwife or granny was sent for, and the excuse will be that everything occurred in such a hurry that they could not wait, or some other equally lame plea will be presented.

You will often be called to do ugly work for midwives who are nonplussed in bad cases, and for the sufferer's sake you should never refuse to go.

You may be surprised to learn that it is now generally understood in many communities that every mid-

wife has her regular medical referee to relieve her of complicated cases. If you are chosen thus you will have an excellent chance to show the advantage regular physicians have over midwives and irregulars, and to enhance yourself in public esteem.

Pregnant women will sometimes want to make a one-sided bargain with you beforehand to come to them in case their midwife fails. Of course you should go to all cases where humanity calls, but you should never bargain with anybody beforehand to play second part to a midwife—she to take the fee and the éclat if there is no trouble, you to take the care and responsibility for a nominal fee if there is.

In every confinement case, after delivering the child, be careful to call its mother's attention to the lump in her own abdomen, and inform her that it is the contracted uterus. If you do not, she may accidentally discover it, get greatly alarmed, and either await your visit in terror or send for you post-haste.

Attending very distant patients of any kind does not pay pecuniarily, and is an injustice to both physician and patient. Every one should have a family physician within reasonable calling distance. A few far-off patients will waste more time, break down more horse-flesh, use up more carriages, harass you at unseasonable hours, and expose you to bad weather more than all the balance of your practice.

Keep your practice down to a number you can properly attend; you can do this by sending your bills promptly, circumscribing your bounds, cutting off obstetrical engagements, etc. In refusing to take a case

at a distance, or one that is likely to involve you as a witness in court against your will, or to engage for midwifery. If you are "*too busy*," it is the least open to criticism and over-persuasion of any reason you can assign.

Never offer as an excuse for neglect to visit a patient, "I really forgot you"; it is unpardonable.

Gonorrhœal and syphilitic cases are not especially desirable on any account, except for the fees they bring; they are dirty, secret cases, and rather repel than attract their victims and their friends to the doctor who attends them, when they require a physician for other diseases. Attending them will, however, often enable you to pick up a handsome cash office-fee.

Even when you are positive that a person has syphilis, it is not always best to say so. Prudence will sometimes require you to reserve your opinion, but at the same time give the proper medicine. Indeed, in practising medicine, you will see and understand many sins and blemishes of which you must appear oblivious.

Take care that your reputation for attending venereal diseases does not overshadow or eclipse other kinds, and give you the title of "P—x Doctor," and entail the social ostracism and loss of family practice that would follow; or that extra success in restoring the menses in females who suspect pregnancy does not bring you an extra number of such cases and give you the title of "Abortionist,"—or that attending an excessive proportion of courtezans or bruisers does not give you the name of having a "fancy practice."

You will find it much more pleasant to practise in some families than in others; for some families will con-

stantly give you intelligent co-operation, and will make charitable allowance for all your shortcomings and failures, while others will, when any of their members are sick, appear almost as if they wanted to involve and harass you in every conceivable way, and to make you feel as if in attending them you were on trial for your life. Remember this, and like a philosopher make it a rule never to worry about anything you cannot help.

Be guarded against asking private questions before persons not in the patient's confidence, unless they are clearly entitled to hear them; request all such to leave the room before asking. Be doubly cautious in this respect when your patient is a female and the questions refer to marriage, menstruation, pregnancy, lactation, uterine affections, constipation, or other delicate subjects.

Do not allow indiscreet patients to go about overpraising you and speaking of you as a pet, etc. Inordinate praise, no matter from whom, is apt to arouse a corresponding dislike on the part of those who deem the praise either extravagant or misplaced; such injudicious praise will almost surely react against you, and might even arouse the angriest jealousy on the part of husbands, aunts, lovers or others. Perfectly pure physicians have actually had to cease attending in families where such jealousy existed, to prevent causing domestic strife and estrangement.

Probably one of the greatest fortes you could possess is the power of discovering who are the *ruling spirits* in a family, and securing their faith and keeping them satisfied with you and your services.

As a rule, it is better in the family group to lend at-

tention at your visits chiefly to the conversation of the husband rather than the wife, and to address your opinions, explanations and remarks to him or whoever is at the head of those you meet in the sick-room, and to pay to all others only the respect that civility requires. If you do not do this, sensitive people will feel ignored, and may even get dissatisfied and create trouble.

In visiting, banish all else from your mind but the case before you; and no matter who is present, make the patient, whether young or old, the central object, and keep your thoughts and your conversation on him and his case. Both patients and their friends will naturally be more anxious to know what you think of their cases and to receive information for their benefit, than to hear of anything else. If the conversation digresses to other subjects, shift it back to your patient and his case as soon as possible. During consultations also observe the same caution, and keep the conversation between you and your colleague on the case under consideration, instead of digressing to religion, horses, politics, etc.; economy of time requires it, besides it is for that you are employed. Another fact to be kept in mind is this: If a consultation lasts too long, it is apt either to terrify the patient and his friends, or induce a belief that you disagree or are puzzled, either of which may undo you.

Shrewdness in changing either a diagnosis or prognosis is very necessary in all cases where a change must be made.

Do not bind yourself too quickly or too closely in prognosticating the duration of a patient's case. What-

ever prognosis you foreshadow in the beginning is, as a rule, accepted. It is only when that prognosis is changed to greater gravity or its duration made much longer that discontent arises. One of the strongest reproaches to medicine is that it is not an *exact* science, therefore its practice often lacks the element of certainty.

Do not get insulted at the foibles and infirmities of the sick. Bear with the rude treatment you will occasionally receive from hysterical, peevish or low-spirited patients, and do not take anything a sick or silly person says as an insult, unless you believe it is deliberately intended as such.

Beware of confidants. Never become so fond of patients or any one else as to make them the repository either of your professional or personal secrets. With our imperfect means we cannot always attain perfect results nor give complete satisfaction, and some of those you have served most faithfully, and who you think will never change, will surprise and shock you by turning viciously against you and decrying you loudly. Bear the possibility of this ever in mind, and while making your relations with your friends and patients cordial, frank and free, always avoid telling secrets and making confessions that would put you into their power.

To be over-assiduous in paying visits when no sufficient cause is apparent, or to be too deferential and over attentive to those who think themselves extra good patients, is dangerous; for as soon as one imagines he is the best patient you have, or that you are cultivating him unnecessarily, he is sure to undervalue you and is apt to quit you.

When urgent necessity or danger requires it, you may do the most menial work for a patient; but unless these exist, pulling off your coat or collar, administering injections, giving baths, swaddling new-born babes, nursing the sick, etc., will not comport with your dignity, and it may be quoted as evidence that you are without dignity and lack proper self-respect.

A patient who is improving will be satisfied by a much shorter visit, slighter examination, and less perfect attention in general than one who is not doing well, especially if he is doing so well that you can express your emphatic satisfaction with his progress as you leave.

When a case is obscure or in the initial stages, be cautious in expressing any positive or unguarded opinion; but in cases where you can safely do so give a frank, free diagnosis and prognosis that express your full opinion. The habit of stating your views candidly will compel you to analyze closely, will discipline your judgment, and force you to study your cases and formulate opinions instead of lumping everything and becoming a mere routinist.

Remember that, contrary to popular belief, the art of medicine does not enable you or any one else to diagnosticate any of the eruptive fevers positively till their local manifestations appear.

Frequently when a case is grave and you are being importuned to know whether you cannot do more, it is better casually to mention the things you deem contra-indicated,—leeching, cupping, mustard, rubbing, baths, poultices, electricity, etc., and tell why you have not ordered them, so as to let it be known you are wide-

awake and have thought of them, but have good reasons for not using them.

Never pronounce any one's sickness feigned or trifling, unless absolutely positive that it is so, and never make fun of people sending for you, or being alarmed at what appear to be trifling ailments; indeed, you should never joke, talk frivolously, or laugh about your patients or their sickness either in their presence or elsewhere, and never taunt them about the trifling nature of their diseases. Some people will laugh off such a criticism while secretly they feel hurt and resolve never to have you again. Another reason is that trifling ailments sometimes become serious, and their becoming so *through fatal loss of time* is apt to be blamed on the joker for life.

Never guarantee a cure, or certain success, or a sure recovery, even for a mosquito bite; guarantee nothing except that you know your duty and will do it. Medicine is not a perfect science, and life is not a definite quantity. When pressed to tell whether any case of sickness is dangerous, reply promptly, "Of course it is, *because* it is sickness, and all sickness is dangerous," and that even a well person has no guarantee of life from one day to another. Also remind the questioner that you do not keep the book of life, that your will and God's will may differ, and that you cannot assure people that sickness of any kind is not dangerous or might not end in death; then tell them what you think of the case in point. Even in doing this, do not fail to leave yourself a reasonable margin for uncertainties.

In giving death certificates in mania-a-potû, syphilis,

abortion, etc., never yield to importunities and substitute other pleasant-sounding titles that risk putting you in a false position.

In giving certificates it is best to certify "In my opinion," etc. Indeed, it is wiser as well as more modest, in expressing an opinion, whether written or oral, to always say, "I believe thus and so," or "In my opinion," etc The fact that it is your belief or opinion no one can dispute.

Be exceedingly cautious in giving certificates of insanity with a view to committing patients to an insane asylum; distinguish between the truly insane as contemplated by law, and those who may only seem to be insane. Dissatisfied friends of such people sometimes give great trouble to accommodating physicians in these cases. Give certificates in none but clear cases, and keep a memorandum of all the facts in each.

Also keep memoranda and observe great caution when you are a witness in will cases, suits for divorce, etc.

Remember that you are legally as well as morally bound to vaccinate a person after promising to do so. Besides the regrets and harsh criticism your neglect will generate, a suit for damages may follow if the patient gets smallpox while awaiting the fulfillment of your promise.

Never conceal the presence of a contagious disease from those around who are liable to contract it, or you may encounter the condemnation of the whole community.

Carefully prevent children in whose family contagious disease exists from infecting others by attending

school, or otherwise mingling with those liable to contract it from them. Insist upon visitors being excluded from such cases. Also take care that its presence in hotels, stores, etc., is not kept secret at the public risk.

Never let people know that you are just from a case of smallpox, scarlet fever, etc., or that you are even attending any contagious disease, or you will be credited with causing whatever cases occur among those you tell. If your practice is so full of such cases that you must tell it to somebody, tell the health authorities; if the public good requires it, inform them anyhow.

After visiting contagious diseases, always disinfect your clothes by walking in the open air; also wash your hands with very hot water, or hold them over the fire; also use disinfecting lotions, etc., according to apparent need; if necessary, take a warm bath, or even a Turkish bath.

Oppose the conveyance of diphtheria, scarlet fever, smallpox, cholera, yellow fever, typhus fever and other contagious diseases, in hacks, cars and other public vehicles; and forbid the attendance of friends at the funerals of those who have died of such diseases, on the ground that the dead must not be allowed to kill the living.

Never use a tongue-depressor indiscriminately. For besides the disgust patients feel towards having an instrument that has been used on everybody, put into their throats, it might actually convey syphilis, diphtheria, etc., from one patient to another, and render you liable to just censure. When you wish to examine a throat it is better to ask the nurse for a clean spoon.

At your office an ivory paper-folder answers very well, is not disgusting, and is easily kept clean.

Do not lend yourself too freely to other physicians and surgeons; never make a habit of belittling yourself by giving chloroform, etc., in *surgical* cases. There is a great difference between giving assistance in medical and in surgical cases. If you visit a *medical* case with another doctor, you will be regarded as a consultant, and as being at least equal or even superior to him; besides, a fee may await you. If, on the contrary, you go and do some *secondary* part in a *surgical* case, you will be looked upon as a lesser light to the one you assist, and you will take a position of neither honor nor profit, and will reap nothing but responsibility. Do not habitually play the part of utility-man or unpaid assistant to any one except to your father or preceptor; servility and obsequiousness will never advance you, either in the community or in the profession.

Preaching morals to patients seldom does any good, but you can often exert the greatest influence upon patients who indulge to excess in chewing, smoking, drinking, singing, dancing, late hours, carousing, etc. Your injunctions regarding the four things last named, if properly given, will frequently be strictly obeyed.

The various quack bitters advertised and guaranteed to be "a wonderful discovery," are almost invariably some vile compound of bad rum or bad whiskey, and are the origin of much drunkenness; you should show the danger and condemn their use. If a person *will* take alcoholic stimulants, advise him to take them 'barefooted'; then he will know what kind and how much

he is taking. When drinkers tell you that they intend to 'swear off' for a definite period, advise them instead of swearing off to swear neither to treat any one nor allow any one to treat them to liquor during the prescribed period. This is more manly and more apt to be observed.

If you adopt the habit of presenting your photograph to every one enamored of your professional skill, or of your manners, good looks, style of dress, etc., it will be the cause of many awkward dilemmas. Many patients who would swear by you one week will curse you the next, perhaps charge that you have maltreated them, killed their children, crippled their wives, or done something else equally horrible. Many who would regard your picture with highest esteem this month or this year, would tear it down or give it to the hangman the next. Trifles light as air will sometimes serve to detach families from you; a whim, a caprice, a look or a nod will sometimes break links that have been forming for years; indeed, even old patients will drop you when they get ready, with less ceremony and less regret than you would an office-boy or an hostler.

CHAPTER V.

Have respect for religion. Your profession will frequently bring you into contact with the clergymen of various denominations. Do right, and you will not only find in them firm friends, but also your chief supporters in many of your most trying cases. The ministrations of a cheerful, sensible and pious clergyman are sometimes more useful to a worn and irritated patient than medicine; and even where death is near and inevitable, resignation often takes the place of fear when the sick one is skilfully informed of the probability of death. In fact, when cheered by religion, many show as little regret upon learning that they will probably die as a traveller does when about to start on a pleasant journey.

When called to attend cases of angina pectoris, aneurism, organic heart disease, desperate wounds or injuries, apoplexy, and other diseases that create liability to sudden death, prudence may require you to conceal the danger of death from the patient, lest he give up all hope and be overcome by apprehension and terror; but be sure to give, privately, proper warning to those most interested. Allow no one to sink away and die without making the probability known to relatives, friends or neighbors. Be also exceedingly careful in talking before children with scarlatina, variola, rubeola, etc., of the danger of complications, or of their illness being serious or dangerous; also take care to banish from

them the fear of hydrophobia, lockjaw, etc., because some very young children fully realize the meaning of death, and such talk would terrify them. Also use the proper caution about patients who seem to be sleeping, or drunk, or semi-comatose, etc.

It is just as natural to die as it is to be born, and every one's time must come. You can neither see what is written in the book of life, nor detain the sick soul when the Angel of Death summons; sometimes you will seem to be fighting death itself, and yet see the patient recover as if by resurrection, whilst on the other hand you will often discover that patients are almost in the toils of death while all around think, till you tell them differently, that they are getting better.

You should never attempt to thrust either your religious beliefs or disbeliefs or your political tenets upon patients who hold opposite views. It is really no part of your duty to administer to the religious cravings of the sick. Every sect has teachers of its own, to whom you must leave the spiritual. Confine your ministrations to the worldly welfare of patients, and never suggest anything in religious matters that involves a creed different from that of the sick one.

The great prospect of Eternity certainly overshadows all temporal things. Be ever ready, not only to allow, but to advise patients to have spiritual comfort. Religion does good, not only hereafter but here; indeed, the presence of religious faith is a wonderful power, and if any physician does not recognise it he lacks the a b c of philosophy and the rudiments of observation. You will see many a poor, sick, woe-worn, des-

pondent and broken-hearted wretch calmed in mind and body by its cheering influence, and aided by it to get well, if his ailments are at all curable; if not curable, his spiritual wants being supplied, he becomes willing, or even anxious for the hour of departure.

The automatic, seemingly anxious movements unconsciously made by the dying are popularly supposed to be attempts to communicate some remaining thoughts or secrets or special wish before death. Explain to the friends in such cases that Providence has kindly drawn the veil of unconsciousness around the dying one and that he is not suffering. The dying struggle is painless to the unconscious patient, but it is awfully painful and harrowing to all who stand at the bedside and witness it.

When attending in Catholic families, be doubly cautious to warn the immediate friends of danger, that the sick one may receive the last sacraments.

One of the seven sacraments of the Holy Church of Rome is Extreme Unction. It is believed to purify the soul of the dying from any sin not previously expiated through other sacraments, and to give strength and grace for the death struggle.

Catholicity teaches that moral responsibility begins at the age of reason; therefore Extreme Unction is necessary for all who have attained that age.

Extreme Unction is given but once in the same illness, but if the sick one has recovered and shortly afterward has the same or any other kind of dangerous sickness, this sacrament is again necessary.

Another of the seven sacraments of the Church of Rome, with which you should be familiar, is the Holy Eucharist.

The Holy Eucharist, sometimes called the Wafer, is believed to contain Christ's whole being, his body, soul and divinity. It may be administered frequently in all cases of sickness where the patient is confined to the bed or to the house for any length of time, provided he has sufficient reason to make a full confession.

Be careful to inform the family of the sick person if there is danger of the patient's becoming unconscious in the course of his illness, so that the clergy may be called, and the sick one's confession be heard, and the Holy Eucharist given before the reasoning powers are obscured.

Those who are to receive the Holy Eucharist are required to fast, if possible, from midnight until they have received it; but if you consider that your patient's being without either food or medicine would be detrimental to his welfare, the clergy should be informed.

Where there is incessant nausea and vomiting, the Holy Eucharist is either not given at all, or given in the smallest quantity. To expose it to being vomited is a grave irreverence.

Be also equally careful in Catholic families to administer, or have administered, conditional baptism to all children during or after birth, when there is the slightest reason to doubt their viability. The following are the conditions and details of conditional baptism.

You, or any one else, whether a Roman Catholic or not, are allowed to administer it. A male adult is preferable to a female, and of course a Catholic, if one is at hand, to a non-Catholic. The baptism is given as follows: After procuring a glass or cup of clean water

(spring water is designated, but hydrant or pump or any other kind of true and natural water will do), with suitable manner say, "Beloved child, I baptize thee in the Name of the Father," precisely at the word "Father" *pouring* a small portion of the water upon the child's head; continue, "And of the Son," at the word "Son" *pouring* another small portion; again continue, "And of the Holy Ghost," and at the word "Holy Ghost" another small portion.

Remember that in baptism every word must be uttered; were you to omit even an "of," the baptism would be insufficient. Also remember that the water must be true and natural, and must be poured exactly whilst the formal words are pronounced. So very important are these details that if you arrive after a midwife or other person has baptized the child, carefully ascertain whether they have observed the full form and accurate language. If they have not, and the danger of death continues, you should baptize it again. In such a case it is necessary to preface the formal words with "Beloved child, if thou art not already baptized, I baptize thee," etc.

If in a midwifery case the child of Catholic parents is believed to be in danger of dying, it must be baptized. If it is partly born, baptize on its head if the head is presenting; if not, upon the hand or foot or any other part that is born. If no part is born, and if you can reach the child through the vagina, the water must be applied to whatever part can be touched. In all cases of unborn children, preface the regular form with the words "If thou canst be baptized, I baptize," etc. In

such a case apply the water to its body with a syringe, or by any other plan that will keep the water uncontaminated till it touches the child.

You will take great risk if you use the forceps in Catholic families before the child has been baptized; for if this has been neglected and the child is born dead, you will not readily be forgiven.

Remember that it is better for a person to be prepared thrice and not go than to go unprepared; therefore, if you err at all, let it be on the safe side.

You should be careful to give timely notice of danger to all who have unfinished business of vital moment; persons suddenly seized may wish to summon friends, make wills, etc.

In adults with almost any sickness you can safely predict death in a few days, at furthest, after the pulse has gradually increased to 160.

Be careful to exhibit proper gravity when attending serious cases. If a very ill sane adult really wishes to know whether he is likely to die, and asks you the plain question, answer him frankly and truthfully, but if possible answer him in bland terms, so as not to appall him and take away all hope. With your opinion give all the encouragement you honestly can, and if you know anything favorable either in his physical or spiritual condition, mention it as a solace. Of course you must not, you cannot, put falsehood in the place of truth, even when talking to the sick and dying, for you cannot sacrifice principle or truth for expediency under any circumstances. But tell it in a proper manner.

You will find but few who have the mental forti-

tude to enjoy the remainder of life after they are formally told their case is permanent or incurable; and you should be cautious, and not unjustifiably cut off all hope even from those afflicted with tuberculosis, cancer, Bright's disease, etc., where death approaches slowly like a creeping shadow till in their last stages, as persons with those diseases have plenty of time while sinking away gradually to realize their fate.

Avoid all such tricks as assuring a timid patient you will not lance his boil but merely wish to examine it, and then suddenly do what you assured him you would not do. Veracity should ever be your golden shield.

The white and the black, the rich and the poor, the courtezan, the outlaw, the swaggering rowdy and the reprobate, will all be represented in your practice. Attend anybody if you must, but seek to avoid disreputable places and persons; they are more likely to be a curse than a blessing. Remember always that such people respect no doctor who does not respect himself.

Endeavor to establish and maintain a complete professional influence over all patients you attend, for without their faith and their respect you will have to contend not only against the physical, but also the mental.

You have a perfect right to relinquish attendance on a case when you think your interest or your reputation requires it; when you do so, let your withdrawal be fully understood. It is better, however, to plead having *too much other business* and not take undesirable cases at all, than to take them and involve yourself, and afterwards relinquish or neglect them.

Never refuse to rise from bed and make night visits

to patients who require them; to refuse would be unjust, and would either let the patient suffer or die, or unjustly put your duty on some other doctor; it might even drive the messenger to a druggist for advice and medicine, or open the door to a homœopath, or whoever else could be caught up in the emergency to fill your place. If, however, you charge full *night-visit* fees for *all* visits made after bedtime, you will be less often compelled to undergo loss of rest and exposure in attending those who could have sent at a more seasonable time. *Unnecessary* night-visits rob doctors of their rest, and even if they bring in fees they are not an equivalent for the over-work and risk of health.

Be exceedingly cautious about taking patients who are to be visited clandestinely, or having married women or young females consult you secretly at your office; also about attending patients for diseases under pretence that they are something different, in order to shield them by deceiving friends or relatives.

Do not over-visit your patients, and be especially careful never to over-visit those with trifling injuries, uncomplicated cases of measles, mumps, whooping-cough, chicken-pox, etc. People observe and criticise a doctor's course in all such cases, and if he seems over-attentive they are apt to believe he is *nursing* the case and creating a bill *unnecessarily*. It is sometimes an extremely delicate point to decide whether a patient needs another visit or not, and how soon. You must learn to judge correctly the proper time to cease attendance in different varieties of cases.

Excessive attention and numerous visits are rarely

appreciated. If you can get the reputation of not paying any but necessary visits, it will be a special feature in your favor and will almost double your practice.

A good rule, the only proper rule, is to visit your patient when, and only when, you think he really needs your care, whether once a day or once in seven days. Never go several times a day without pointing out to him the necessity for it.

Above all else avoid running in to visit patients unnecessarily because you "happen to be in the neighborhood." If you visit on such a plea and charge for it, you will be criticised and your bill may be disputed.

Some well-to-do or over-solicitous people form an exception to this rule, and insist on your visiting them frequently, almost living at their house during sickness, to observe progress, instruct attendants, etc., regardless of the additional expense, and of course you should gratify them, but you should also at the beginning inform the one who will have to pay the bill of the reason for the extra visits and of the expense it entails, and get his acquiescence.

During these frequent visits you should maintain a strictly professional attitude, and avoid digressing from the patient; unless you do so he will certainly lose confidence, after which you will be shorn of your influence and will scarcely be welcomed when you call.

When visiting a patient, always let it be known whether you will visit him again, and when; it will not only satisfy him, but will prevent all uncertainty. When a case has so far convalesced as to make frequent visits unnecessary, and yet mends so slowly or irregularly

as to make you fear an arrest of improvement or a relapse, it is better to keep sight of him by calling once in a while and letting it be known when you will again call, with an understanding that if the patient gets worse in the meanwhile they will let you know, and if he is so much better as to render your promised visit unnecessary they will also send you word. This plan is for many reasons better than quitting such cases abruptly.

Earnestness and interest shown in cases are master qualities. They inspire both faith and confidence, and are often actually accepted in lieu of skill. Imbue yourself with genuine interest in your cases and you will be sure to show it in a thousand ways.

Make it a study to remember well all that is said or done at each of your visits, so that all you say and do throughout the case may be consistent, and also take care neither to expose a want of memory nor a lack of interest. Were you to ask a patient "What kind of medicine did I give you last?" he and his friends would notice it instantly, and think you either felt but little interest in his case or had a dangerous lack of memory.

Try to make your address and manner such that patients will not hesitate to impart to you their secrets. One of the greatest drawbacks to many doctors is that they do not inspire complete confidence, and patients neither intrust them with the secrets of their ignorance, folly or wickedness, nor employ them in afflictions that create hesitation or shame.

Do not let your wife or any one else know your professional secrets, nor the private details of your cases,

even though they are not secrets; nothing is more mortifying or hurtful to the feelings of patients than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth and do not say too much, it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solicitudes; *you* will see their deformities, debilities and deficiencies with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have or ever had venereal diseases, hemorrhoids, fistula, ruptures, leucorrhœa, constipation, or that abortions, private operations, etc., have taken place, or that any one takes anodynes or liquor, or has this, that or the other bad habit. No matter how remote the time, if patients wish their secrets told, let them do the telling. You have no right to tell the affairs of patients to any one without their consent.

But while silence should be your motto, it is your duty to society and to the laws to expose and bring abortionists and unprincipled quacks and heartless vampires, whether acting under cover of a diploma or not, to justice, whenever you meet proof of their wicked work.

In prescribing medicines for the sick it is better to confine yourself to a limited number of remedies with whose uses and powers you are fully acquainted, than to employ a larger number of ill-understood ones.

When you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full or to underscore both name and quantity. It is safer also to put the names of heavy-dose patients on their prescriptions. When you order morphia, etc., in unusually large doses, it is well to have it made into pills or granules, and direct the druggist to "put them into a bottle." It is so unusual to dispense pills in a bottle that it informs the compounder that the quantity is not a mistake but is as intended, and guards patients and attendants against taking or giving them in mistake. When you prescribe pills, powders, etc., for sailors and persons whose business exposes them to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

A placebo or tentative remedy should as a rule be small and easy to take. A very good form is prepared thus: Purchase a pound box of No. 35 unmedicated homœopathic globules, which cost but thirty-five cents, and immerse one half of them in fluid ext. of belladonna, and the other half in compound tinct. of iodine, for twenty

minutes, then roll them about on a newspaper till all surplus fluid is absorbed, and let them dry; after which they can be put into bottles, with a small quantity of powdered cinnamon in one bottle and powdered liquorice root in the other to prevent agglutination. These can either be given as globules, or put between paper, crushed, and given as powders; they make cleanly, convenient placeboes for office use, and cost so near nothing, and a pound will last so long, that you can afford to give them away and charge such patients for advice only. They will suit almost any case requiring a placebo. Be careful to keep a straight face and to give minute directions concerning the manner and time of using inert remedies given simply to amuse people who are morbid on the subject of health, and you will do them double good.

You will not only find that your placeboes amuse and satisfy people, but you will often be surprised to hear that some full-of-faith placebo-takers are chanting your praise and are actually willing to swear that they are cured of one or another awful thing by them; cheated into a feeling of health by globules, or teaspoonful doses of flavored water, or liquorice powder, as if by a charm; some who seem to be magically benefited by a teaspoonful of—nothing—will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! What a sad fact for legitimate medicine! What a gold mine for quackery!

Just here let me impress a caution: Take care that seeing cases get well thus does not create in your own mind unconscious deception and lessen your belief in the necessity for medicine in real sickness, and modify or destroy your usefulness when medicines are required.

Never send a patient to the drug-store with a prescription for bread-pills. It is not right to make any one pay for bogus medicine; besides, if, from among all the articles in the pharmacopœia you cannot devise some trifling placebo that is more plausible than bread-pills, you must have an unusual paucity of resources. Moreover, were a patient to discover that he had been paying for such a thoroughly insipid cheat, he would naturally feel victimized and indignant.

The vast majority of people are now sensible enough to take medicine only when sickness demands it, and even then not too much. But taking "a little medicine for clearing the constitution in the spring of the year," still has patrons; and the cathartics and other depleting remedies are still popular with the few who cling to the old *forty-years-ago* craze for purging, sweating, vomiting, &c.

These people always want to see and feel promptly and fully the action of medicines, and think they could scarcely live a month without pills, salts, etc. Consequently this class often purge themselves entirely too often. Remember that when nature is depended on, the bowels ought to act daily, or at least act freely once in two or three days; for, when nature moves the bowels, the lower portion only of the intestinal cavity is evacuated, and during the interval before the next passage the fæces from above come down and are in turn evacuated; but, when a purgative is taken, it sweeps out the entire alimentary canal, and of course such a scouring is not required as often as the natural though partial evacuation. For any adult who cannot have an evacu-

ation without the aid of medicine, to give a purgative once in three or four days is sufficiently often.

Never solicit people, either by word or manner, to employ you; for such a course would surely either repel them or prevent your enjoying the necessary esteem.

Many people are naturally capricious and fickle, and no matter how earnestly any one tries to serve and satisfy them, they will change about from one to another. Others are more true and will adhere to you through everything, good or bad, with surprising tenacity. You should, however, always found your hope of being retained upon deserving it. Do not set your heart or faith upon the continuance of the patronage of any one, for you will many a time be replaced by those you know to be far below you in everything that unites to make a good physician. Sometimes you will be unexpectedly and unjustly dropped out of a family, and the most ignorant or shallow fellow in the whole section, or an old lady, or a homœopath, will supersede you, and you may have to bear the reflection and the wrong without showing the slightest chagrin.

Ability to promptly detect loss of confidence or dissatisfaction with either yourself or your remedies is one of the acquirements that you *must* seek to attain, if you do not already possess it.

A patient has a legal right to dismiss you from a case, and you have also a perfect right to relinquish attendance on him at any time. Indeed, you may sometimes find yourself so hampered, or harassed, or maltreated in a case, that to retire from it is your only alternative.

Whenever dismissed from a case, consider attentively the combination of circumstances that conspired to produce the dismissal, and how you might have averted it, that you may gain additional familiarity with the art of satisfying and retaining patients.

Some people, indeed whole families, who will almost idolize you as long as you are lucky and have neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against you as soon as either occurs—as if you kept the book of life and controlled the hand of God.

When you are unjustifiably dismissed from a case, especially if it is to make room for an irregular doctor, do not tamely consent to be thrown aside in such a manner. Express your perfect willingness and your determination to retire, but make it known in a gentlemanly way that treating you thus wounds your sensibilities, and that such action necessarily casts undeserved reflection on you and does your reputation a very great injury. Such a protest will secure for you greater respect, and will counteract the injury following your dismissal better than if you meekly submit without protesting.

In acutely painful cases, active, even heroic doses of morphia or other potent medicines are often required, and must be given promptly, but care must be taken that the total amount given is not sufficient to poison the patient. A certain gentleman had cholera morbus; a physician was called, who prescribed for him twelve opium pills, one to be taken every six hours. He was entirely too slow in his therapeutics; for long before the time to take the second pill had arrived, the soul of that

pain-racked sufferer had taken its flight to a land where medicine is not needed and six-hour intervals never occur. Take care to avoid his error, and never leave long intervals between the doses for patients suffering acute pain. Bear in mind that an opiate that has power to relieve acute pain will do so within an hour; failure to do so necessitates another dose. A dose of chloral will produce sleep within half an hour, if at all, and it is useless to wait longer before repeating. When it is intended to keep a patient under the influence of opiates, it is necessary to repeat them every four hours, as the effects of a dose begin to wear off after that time.

When opiates are no longer needed, the nausea that might follow their abrupt withdrawal may be prevented by continuing them in decreased doses at four-hour intervals, decreasing the dose each time to one-half of the dose that preceded it.

There is a popular belief that opiates are given only to palliate pain, not to cure the sickness. Opiates are not only palliatives, but by controlling pain, restlessness, etc., they are powerful curatives in a long list of diseases.

The laity expect you to examine your patient at every visit. Never neglect the following five cardinal duties: To feel the pulse, to examine the tongue, and to inquire about the appetite, the sleep, and the bowels. No matter what your case is, be sure to attend to these and all other evident or special duties at every visit.

Whenever symptoms make it possible that hernia, carcinoma uteri, Bright's disease, or heart disease is present; or that the throat is diphtheritic, or the ear occluded by wax, or a tumor or an aneurism exists, or

anything else which, overlooked, might sacrifice the patient, or disgrace you if discovered by some one else, you should always make a thorough examination, and it would even do no harm to let it be known for what you are searching.

Never ask a question without a basis, but be careful to make every inquiry necessary to learn all the facts, and to satisfy everybody that you feel an interest; if you neglect this you will risk both error and loss of confidence.

Prompt detection of dangerous changes or of the approach of death not only protects the doctor, but gives him éclat if he recognizes and points them out before the patient or friends observe them.

Never speak of anything you do for a patient as an experiment; everybody, everywhere, is opposed to doctors "trying experiments" upon themselves or theirs. For the same reason it is not discreet to give certain patients the sample bottle of new pharmaceuticals sent to you for trial, or to let any one know that he is the *first* to whom you ever gave this or that medicine, or that his is the first case of fracture, or of smallpox, or of hernia, or of anything else you ever attended

You should keep a reference book for recording particularly good remedies, prescriptions for stubborn diseases, etc., also a case book for recording the date, diagnosis, treatment, etc., of unusually important cases. Nothing impresses a patient who has a complicated or long-standing disease with a fuller conviction that you are interested in him, and that you intend to try to do him good, than to know that you keep a regular record of his case.

When truth will allow, let your diagnosis, etc., either include the patient's belief or fully nullify it, that his mind may not distrust your opinion and antagonize your treatment.

You can more easily and permanently convince and impress a cavilling patient of a medical fact that militates against his wish or belief, for instance that shortening is usual after fracture, by showing it to him in the books, than by a hundred verbal statements.

Study to be fertile in expedients, and never confess or allow the inference that you are hopelessly puzzled about a case, or have reached the limit of your resources.

Never be too sanguine of a patient's recovery from a serious affliction, and never give one up to die in acute disease unless dissolution is actually in progress; and above all else, never withdraw from a case of acute or self-limiting disease because the patient is very ill. Even after he is unable to swallow, or if food taken into the stomach is not assimilated, continue your efforts with inunctions of cod liver oil or of glycerine and quinia, rectal alimentation, etc., until he is either better or the breath is out of his body; for *nature*, by a crisis, or a vicarious function, or a compensatory process, may turn the scale and let the life-power rally and gain control over the disease at the last moment, and had you given him up you would be disgraced, while some other doctor, or a homœopath, or an old woman who had stepped in, would get all the glory.

CHAPTER VI.

You will have to foresee thousands of snags that lie in the professional current to catch the unwary. When in doubt whether duty requires you to do this or that, or not to do it, remember that the sin of omission is apparently not as great as the sin of commission.

Summon professional assistance in all ugly fractures, etc., where you think there is the least danger of an unsatisfactory termination and of being blamed or sued for the result. Having assistance not only divides the responsibility, but also makes one a teller of truth for the other, and prevents criticism and causeless suits for malpractice. Remember that when a fracture, or dislocation, or a disfiguring wound, or accident of any kind recovers with deformity or disability, there is danger of its being ever after exhibited as a monument to reflect injuriously on the medical attendant's reputation. Therefore the responsibility had better be divided. In this respect medical and surgical practice differ—the results of sickness usually disappear, while those of surgery remain.

Always take the precaution to listen to the heart's action immediately before administering anæsthetics, both for the patient's protection and your own. When possible, have another physician present whenever you produce anæsthesia, more especially if the patient is a

female. Also, have a third person present at all sexual examinations of females, to disprove possible hallucinations regarding either improper words or deeds and to prevent scandal.

Patients through shame sometimes refuse to allow physicians to make examinations that require uncovering the body, or to allow him to see the underclothing, simply because they are unclean and unfit to be seen, while the doctor supposes they refuse through modesty. In many cases it is better, instead of proposing an immediate examination, to allow an opportunity for a change of linen, etc., by appointing a time for making the examination.

Expertness in detecting and escaping the various kinds of scandal and calumny admits of cultivation to a great degree; so also does ability to foresee and escape entanglement with the captious, the bad, the silly, the tattlers, the fraudulent, etc.

Midwives and doctor-women often exert a malign influence, and tell tales or circulate falsehoods about doctors that must be noticed and thwarted according to the necessities of the case.

Tact and nice discernment in establishing and maintaining a proper attitude toward nurses and other attendants on the sick is a valuable gift that will prevent or counteract possible machinations. To give attendants credit on proper occasions for faithfulness is not only just and gratifying to them, but makes firm friends of them and encourages them to do their best.

The conciliation of anxious, captious, impatient or dissatisfied friends of the sick, when sickness is not pro-

gressing satisfactorily, naturally requires great skill and a profound study of human nature.

Scandal-mongers and malicious liars will often lie in ambush for you, and must be checkmated by the most available means; to judge what is best to do under the circumstances is sometimes a great puzzle.

In serious or strange cases, and in such as engender great public excitement, if you indulge in confidential or semi-confidential whispers to the rabble, it will often give rise to misrepresentation or even to total perversion of what you really did say or mean. Be ever on the alert for this danger. If necessary, give your opinion to the proper persons in writing, to prevent its misconstruction.

Refuse to be confidential with curious or stupid nurses or prying mischief-makers, and if you must answer their questions, do so, not in confidential whispers, but openly and in your ordinary voice.

When a sick person puts himself under your care he gives you a responsible duty to perform. If he then neglects or refuses to take your remedies he ties your hands and keeps you from doing it. If, however, he will not or cannot do exactly as you wish, and if no special danger exists, it is sometimes better, after drawing attention to the position in which you are placed (as a protection to yourself), to humor his whims or weaknesses, and modify or alter your therapeutics to such things as he can and will do. This you can do good-naturedly without fully yielding to him or compromising your authority or your dignity. The wishes, prejudices and errors of peculiar patients must be studied and to a certain extent respected.

Never captiously oppose a remedy because it is suggested by a layman. The most ignorant person may make a wise suggestion; and laymen often talk excellent sense about indications they have noticed. Listen patiently to all sensible propositions, and if they seem simple and meritorious you may find it well to add them to your other means, for their moral effect, if nothing more. Be frank in giving credit to any good idea, no matter by whom advanced. When rejecting a remedy thus tendered, let it be known that your condemnation arises from conviction and not from superciliousness. You might in some cases even humor a whim and sanction the use of their harmless domestic remedies,—saffron tea, plasters, onions to the feet, etc., in conjunction with your more reliable agents.

When attending certain classes of very ill patients, *e. g.* the wife of a druggist or the child of a physician, if there is any simple remedy in which they have great faith and which they wish to try, every consideration should incline you, unless there is some clear contra-indication, to acquiesce and allow it in conjunction with your other means.

It will be a trying ordeal when you jar against an "old lady with an infallible salve," good for anything from mosquito bites up to elephantiasis. You will find her so full of faith in herself and in her salve that neither reason nor ridicule can shake it. Be very fair and urbane with her; but if you indiscreetly concede to her remedy any recognition beyond its actual merits, or take her into confidence or partnership in the treatment of any case, you will make a big mistake, and fill her

as full of conceit, and of mischief too, as the sea is of water.

Hypochondriacs and various other kinds of bores will sometimes come to your office and tax your patience and ingenuity when you have no time to waste and yet are indisposed to be rude. Some of these you will have to freeze out by chilling coldness in their reception. If you tell them as they come in that time is very precious with you, they cannot deem you uncivil, and will be brief, unless unusually pachydermatous. If you are greatly annoyed, keep a placard posted with "*This is my busy day.*"

When you are to be a witness in a grave court case, firmly refuse to give the opposing counsel, or any other person, either a verbal or written statement of your opinion of the case or of what your testimony will be; also dispute their right to question you. If you are yielding in this respect you may actually aid them to distort your statement from its proper meaning, or to rebut it on the witness-stand, and thus bring both justice and yourself to grief. Firmly but courteously inform them that they can find out all you know on the witness-stand.

There is no creed or clan, except ours, whose members habitually confute and confront one another in courts and before the public. Our so-called psychological experts, specialists, and would-be highly scientific representatives have done this so often of late that the public have us for a jest, and believe from our kaleidoscopic contradictions that our boasted science of medicine is a cobweb tissue of mere guess-work

To rid yourself of undesirable would-be patients will be one of the most difficult dilemmas that will confront you. "*Too busy to attend*" is probably the most unassailable of all reasons.

When you receive calls to cases that from any cause you cannot or will not attend, notify them to get some one else, in order that the patient may be saved from delay, and you from the annoyance of repeated messages and solicitations.

No one can blame you for not being at home when you are needed; but if you are at home, and quibble or refuse to respond to a call, you will sometimes be severely criticised, especially if the case goes wrong in consequence of your not responding.

The chief objection to recommending persons you wish to cast off, to physicians whom you wish to aid, is that they are then quite sure still to hanker for you, and to involve you as a consultant or assistant to your protégé if things get serious; whereas, if, instead of recommending them to any particular one, you compel them to choose some one for themselves, you will get rid of them permanently.

You will occasionally encounter patients or their wiseacre friends who will challenge you to controversy, and presume to discuss your diagnosis and your remedies with you. Most of these are as full of doubts, beliefs and theories as a lemon is of acid,—foreknowing and prejudging all you do, frequently thwarting your every effort,—possibly drawing the curtain aside after you go, and exposing to everybody things that should properly remain your professional secrets. If you write a pre-

scription for gonorrhœa or cough, or almost any other ailment, many a presumptuous patient or his friend will read it to you and actually comment or offer to argue on it. You will be often harassed by such meddlers, and compelled to resort to various expedients to satisfy or foil them and avoid collision with their whims and prejudices. In fact, from this cause the good effects of mystery, hope, expectation, and will-power are of late almost entirely lost to regular physicians, all special confidence is sapped, and all you can expect in many cases is the gross physiological action of your medicines—and prejudice and fear actually do much to thwart even that. You must bear in mind that man is something more than a stomach and body, and must constantly study the use of psychological aids and try to compel your patient's will to assist you.

The presence of sick-room critics will also often either impair or destroy your usefulness by diverting your mind and lessening your concentration. Consciousness of being under criticism will in any case lessen your usefulness.

To set unused medicines aside and order others so as not to shake confidence, requires a great deal of clever management. In many cases where a remedy is ceasing to be useful, or indications for something different are appearing, it is better not to stop the old abruptly as though it were wrong or doing harm, but instead to instruct them to set it aside and begin the new at—— o'clock. Patients will rarely complain of the price of medicines that are taken, but they will observe the waste, and criticise you when you set half-filled bottles

aside and order others. A good plan is to order the empty bottle in which one medicine was gotten to be washed and carried to get the next in. A medicine that has been put aside is very rarely again indicated. When you set one remedy aside to give another, if there is a prospect of its being used again further on in the case, be sure to mention the fact. It does not then look so much like extravagance or misjudgment in prescribing.

Never prescribe large quantities; it is far better to have the prescriptions repeated over and over again than to risk having half a bottle set aside untaken. One of the nicest little points in medical practice is to decide how large a quantity of medicine to order at a time. In many cases it is wise to order only sufficient medicine to last from one visit to the next.

It is better to leave your directions about medicine, food, etc., with the nurse or whoever is in charge, rather than with the patient.

School yourself till you can prevent your thoughts and opinions from showing on your countenance, and above all discipline your features and manners, so that nervous and ill patients cannot detect in you unfavorable reflections about themselves that you wish to conceal.

You will occasionally encounter patients who have been kept in anxiety and terror for months or years by the trick of some greedy, hyena-like quack, or the error of some professional novice who has pronounced them syphilitic when in fact they have really never had even a sign or a symptom of that disease.

It is torment enough for those who really have constitutional syphilis, to go through life filled with remorse for the past and fear for the future, without adding spurious cases. When examination proves that the case before you is not syphilis, it is your highest duty to give such explanation and assurance as will fully banish the error from your patient's mind.

You will be sure to cause unreasonable, cruel fear and distress in the minds of those whose chests you examine, if you tell them of "a slight deposit in the apex," "an abnormal resonance," or a "bruit de diable," "rales," "a palpitation," "a disordered rhythm," or other, to them, ominous jargon. Take care never to say or do anything which will unnecessarily fix the mind of a patient on the character of his breathing, the action of his heart, etc.

God only knows how many young women in our land are now tormented with apparitions of "womb complaint," which have no existence except in this or that doctor's imagination—young women that, had their minds never been fixed on womb complaints, would have lived a lifetime without even thinking of having a womb.

The chief reason why there are so many doubtful cases of womb disease is obvious. When a man is told he has a luxated shoulder, or a cataract, or a hernia, or a cancer, he finds many ways to confirm or refute the doctor's opinion, and he can also see what the treatment is doing for him; but when a miserable woman, morbid on the mysterious subject of "womb disease," "gets examined" and is told, whether correctly or incorrectly, that her womb "is turned" or "is down," "ulcerated"

or "affected," it tallies exactly with her fears; and, shrinking from both the expense and the exposure to be endured if she were to consult another doctor, she naturally submits to the manipulations and to the monetary exactions of whoever has made that examination. If there is a wretch meaner than all others in the sight of God, it must be the doctor who, void of moral sense, would exaggerate his opinion and terrify the sick simply for dollars and cents.

It is also a cruelty to tell patients indefinitely that their trouble comes from their heart, or kidneys, or liver, or lungs, or that they have the "liver complaint" or "kidney disease," or that their lungs are "affected," when there is only some slight or temporary affection of these organs. *You* know a man's liver or his lungs or his heart may be deranged this week and well next; but many people think that if any of these organs are affected in any way it is necessarily permanent, and it gives them constant anxiety. Many people are at this moment living in as great anxiety as though a sword were suspended over them by a hair, because they were told long ago that such and such an organ was affected, without explanation being given of its functional or temporary character. By explaining the difference between temporary ailments and those of a permanent character, or the difference between a functional and an organic affection, you will give many a patient perpetual sunshine in exchange for constant gloom. It is your duty at least to avoid all ambiguity of language in such cases.

You will also have patients lacking in the salt of wisdom, who come tormented with evil forebodings over

conditions that are either imaginary or perfectly natural; some because they have discovered their left testicle hangs lower than the right, or because their scrotum remains contracted or relaxed; others terribly alarmed because they have in examining themselves discovered the little odoriferous glands on the posterior part of their glans penis and imagine them to be chancres or cancers; others because either fear of disease, blackmail, or bastardy, or moral accusation has thwarted their attempts to copulate with loose women and led them to imagine they are impotent. You will also occasionally be asked for advice by those about to marry, and by others newly married, who are miserable on account of this or that affliction, defect or fear. Remember in all such cases to charge your *full fee*, even though you write no prescription. With them the charge is for giving valuable information and satisfaction.

Be careful to warn all such people against the curse of falling into the hands of quacks, "friends of erring youth," etc., and tell them of the mischief such people entail on their victim's health, and also of their unscrupulous voracity for money.

The eight or ten very large papillæ seen upon the base of every one's tongue often occasion great anxiety upon being discovered by over-anxious laymen, while looking into their throats for syphilis, diphtheria, or ulcers. Great relief is expressed when they are told these are natural.

You will be often consulted by true syphilitics who wish to know what would be the result of their marriage. Never promise certain immunity against future

outbreaks; and do not sanction marriage unless it has been at least three years since they contracted syphilis, and at least two years since they had any evidences of the disease. They should even then marry only under hygienic and therapeutic restrictions.

When a patient alarmed about his health consults you, if you want fully to satisfy him by your opinion, *be earnest*, and let attention to his case overshadow all you say or do; above all, do not divert his conversation from himself to extraneous subjects. If it is at your office, do not digress by showing him the toy steamboat you are making, or by telling him the latest news, or the history of the cigar you are smoking, or of the newspaper you are reading, or of the cane you are twirling. If *he* diverts the conversation from his case, bring him back to it at the first opportunity.

Never recommend sexual intercourse as a remedy for self-pollution, nocturnal emissions, spermatorrhœa, hypochondriasis, acne, or anything else.

If such people risk syphilis, gonorrhœa, bastardy or exposure, or commit rape, adultery, or self-pollution, let it be on their own responsibility, not on yours. Perfect chastity is entirely compatible with good health; and I know of no disorder, either of body or mind, in which fornication is necessary.

Remember that night emissions recurring occasionally in young men, partake of the nature of an overflow, and are perfectly compatible with health. Young men almost crazy with dread and remorse will often consult you about these emissions. You will find that almost every one attributes them to self-pollution in boyhood.

The results of self-pollution are, as a rule, not half as destructive as commonly supposed; when the habit is stopped its results are usually quickly recovered from.

Consumptive females whose blood-making power is destroyed by their disease naturally cease to menstruate. They then attribute their decline to absence of the menses, while in reality the absence of the menses is due to the decline and consequent loss of blood-making power. When such patients appeal to you to restore their menses, you must explain why they have ceased, and that they will not menstruate again till their health and blood-making power improve.

Consumptives sometimes have hectic fever so regularly at a certain hour day after day that they and their friends are persuaded that their sickness is malarial in character, and if you are not on the alert they may mislead you into giving an erroneous opinion. If quinia does no specific good for the daily fever of a weakly or broken-down person, you should suspect that it may be hectic rather than malarial fever.

The popular belief that one is *booked* for consumption because a parent or brother or sister died of it is true only in a limited sense. If his relative's disease was part of his law of development and was in his charter of life, it should indeed excite serious fears in every one who has the same charter, the same constitutional bias. But if his disease began after his physical development was fully completed, or from an accidental cause, the law of heredity does not apply. One whose father, mother, sister or brother died from phthisis, the sequence of bad hygiene, pneumonia, etc., is not thereby compro-

mised, as that variety is not hereditary unless his father had it at the time he begot him, or his mother had it during pregnancy or nursing.

One person in every seven firmly believes he has either heart disease or consumption. You will find that the management of those who really have either is one of the most delicate questions in practice. When your opinion is invoked in these cases, do not examine them at all unless you have time to do so thoroughly, for your opinion and treatment may influence their entire future course, and if anything is overlooked you may induce a neglect of proper remedies till the patient is beyond their reach.

No wonder the mind dreads consumption, for it is humanity's great destroyer. It scourges the young, the beautiful, the gentle and the gifted, and this portion of every community is selected for its most intractable and fatal forms.

Valetudinarians almost invariably dress too warmly, and in their anxiety to protect their bodies from cold they wear so much clothing that they shut all the sunlight, electric and all other health-giving influences from their bodies, overheat their skin, and keep it constantly relaxed, and of course reduce or destroy their natural resisting power, so that when they go into cold air or into a draft the result is like jumping from the climate of Cuba into that of Canada. No person, sick or well, should ever wear more clothes than are sufficient to keep him comfortable. Every ounce beyond that is unnecessary and enervating.

People of the opposite extreme, knowing that cool

bedrooms are healthy for hearty well people, often carry catarrhal and croupy children and other invalids from the warm rooms where they have passed the day, to cold sleeping-rooms, instead of giving them uniform warm air day and night till recovery takes place. It would even be less hurtful to reverse it and keep them in a cold room while awake, and in a warm one during sleep, because a person has more resisting power while awake than during sleep. The butcher can attend at his exposed, fireless stall the coldest winter weather till midnight, and not even sneeze, but were he to lie down on his stall and sleep during a similar period, he would probably get chilled and contract catarrhal pneumonia or rheumatism. It devolves on you to point out these and kindred dangers to patients who are risking them.

Register-heat, on account of its parching dryness, is bad for both sleeping and sitting rooms. You will often smile at seeing a small pan or cup of water simmering under a register that is pouring out a volume of over-dry air, while the inmates are blissfully believing it is tempering all the air passing over it. A very large wet towel or folded sheet hung before the opening is much more effective.

Many new-born children are unwittingly exposed to the bad effects of cold from lack of knowledge on the part of those in charge. The popular belief is that if the nurse puts plenty of clothes on a babe she has done all that is needed; whereas, if the little babe—whose heat-generating power is naturally very feeble—is put into clothes in a cold condition, without further attention, hours or days may elapse before its feeble heat-making

power can bring on a reaction and warm it. Ice is put into woolen cloths or blankets to prevent it from melting; cold bread wrapped in a blanket would never warm itself, but if warmed and then wrapped in a blanket it would retain its heat for some time. Take care that the new-born babe is kept warm. As soon as it is dressed it should be nestled against its mother's bosom till warm; if this does not suffice, it should be kept near the fire till the coldness is banished.

Remember that the act of nursing not only supplies the babe with nourishment, but also communicates the mother's heat, and possibly electricity or some other occult but useful influence; at any rate it can do no harm to have all *hand-fed babes* nestled to some one's warm bare breast at intervals of a few hours, in exact imitation of those that suck.

The ancient custom of clothing infants in flannel with woolen socks during hot weather creates discomfort and invites sickness. Its harmfulness should be made known to such as you find following it.

There is a widespread popular error, partaken of to some extent even by physicians, regarding the object of lancing children's gums. When a physician lances or rubs a child's swollen gums, he does so, not solely to let the tooth through, nor does he expect it to instantly pop through the opening, but his chief object is to sever the innumerable small nerves that ramify through the gum, and thus relieve the tension, irritation, danger of convulsions, etc. No one should incise a child's gums except when these evils are present.

"Doctor, my child gets the phlegm up, but instead

of spitting it out he swallows it again," is a stereotyped expression. If he does, it makes but little difference, as he swallows it, not back into the windpipe or lungs, but into the stomach, where it becomes unimportant.

It is a popular belief that crossness in sick children argues favorably, and there often seems to be a great deal of truth in it, as it requires considerable strength and energy to exhibit crossness.

The terms scarlatina and scarlet rash are now in everybody's mouth, and are spoken of by the laity as harmless affections. There is no such disease as scarlet rash, and these terms always refer either to scarlet fever or rötheln, and unless people are made to understand this, great damage may ensue.

Bringing out the eruption is one of nature's processes in measles, scarlatina, smallpox, etc., but there is no doubt that the large quantities of saffron tea, ginger toddy, hot lemonade, etc., used by grannies to bring them out, do more harm than good, by disordering the stomach, inflaming the eruption, etc. This "bringing out the eruption," when uncomplicated, had better be left somewhat to nature; when it is complicated, something more reliable than teas is indicated.

There is also a popular belief that all skin diseases result from humors in the blood that must be driven out, or, if already out, kept out till killed by blood medicine, much the same as one would drive rats from their haunts and keep them out till annihilated. No patient will object to your driving his humor out or killing it, but if he thinks you have simply driven it in, woe to you if he should afterward have any severe or fatal

sickness. In such cases it is well to give an internal remedy, whether local treatment is used or not. In some cases it is even better to commence the internal treatment eight or ten days before beginning the local.

There is also a popular expectation of evil and a popular readiness to blame the doctor if any new symptom appears after he suddenly arrests or cures diarrhœas, chronic discharges, foot-sweat, bleedings, etc.

Many people suppose boils and various eruptions to be healthy. Even if they are, most people will agree that some other mode of health is decidedly preferable. This belief is probably founded on the fact that during convalescence after certain serious diseases a crop of boils often appears, seemingly from a revival of the energies, the vital forces of the system, from the depressing influence of the disease. Their coming being coincident with reorganization and returning health, probably occasions the belief that boils and health naturally go together.

The high color of the urine occasioned by activity of the skin in patients whose sickness compels them to lie in warm beds or to keep in warm rooms, also seen in well people who perspire freely during warm weather, frequently causes alarm and induces groundless fear that they have kidney disease. Explain to them how the functions of the skin and kidneys are related, and that it makes but little difference whether the urine is scanty or abundant if it contains all the natural excreta and is simply deficient in water.

When a coin or other small foreign body is accidentally swallowed, some old lady is almost sure to give a

dose of castor oil, to liquefy the contents of the bowels and compel the intruder to travel the entire length of the alimentary canal alone, instead of allowing the fecal matter to remain as a mass to include it and prevent its edges and corners from doing harm. When such an article is swallowed, do not interfere with nature's efforts unless you are sure she cannot expel it unaided.

When a person faints, those around run to assist him and instinctively raise his head, instead of lowering it as they should do, thus prolonging the syncope and endangering life.

In all cases where great debility and pallor are present, be careful to instruct the attendants to keep the patient's head low, and to prevent him from rising suddenly for any purpose, and from sitting up too long, for fear of fatal syncope.

"If the dog that bites a person goes mad, the one bitten will also," has caused many a valuable dog to be killed. The truth is, if the dog's mouth or teeth contain hydrophobic virus at the time of biting the person, there is great risk of its being communicated; if not, there is no risk. If the dog is killed under the mere suspicion of having hydrophobia, the disproof of the disease is made impossible, and the bitten one and his friends are left to all the terrors of uncertainty.

Foolish persons will occasionally tell you, in a boasting manner, that they have no fear of contagious diseases, and will show by either word or manner that they entertain the belief that contagious diseases attack those who dread them and spare those who do not. It is proper to teach such people that the laws of smallpox,

syphilis, gonorrhœa, hydrophobia, typhus fever, and such affections are very different from what they imagine; that fear cannot give them to cowards, women, or children who stay outside of their influence, and that lack of fear will not, cannot protect either nurses, friends, old people, babes, or braggarts, if exposed to them.

There exists a popular prejudice against damp houses, leaky roofs, night air, etc., which is probably carried entirely too far. Dampness is of course inimical to health when mould, absence of light, filth, or other unfavorable, disease-producing elements are added to it; but neither life on board of vessels nor in moist situations, nor the presence of dampness, as in rainy weather, is in itself unhealthful.

The low-spirited and morbid will often refer to the fulness or emptiness of the veins on the back of their hands as evidence that their blood is drying up or that they need bleeding, or that they have consumption. Explain to them its total lack of value.

As purgatives after confinement, many physicians order simples, castor oil, seidlitz powders, etc., instead of writing regular prescriptions; it will be wise for you to follow the same rule and give a lying-in woman castor oil or whatever other simple laxative she or her friends are accustomed to take. If you give a lying-in woman a Latinized prescription for a purgative, and as a coincidence she has hyper-purgation, or puerperal fever, or hemorrhages, or if syncope or anything else follows, she will be apt to believe firmly that your strong mysterious purgative caused her sickness; and if she happen to die, you will be *blessed*.

In admitting or excluding visitors to the sick, manage it so as to engender no personal enmities; also endeavor to acquire expertness in answering their questions about your cases.

Never ask the age of a patient oftener than once during attendance on his case. Also take care neither to ask any question twice at the same visit nor to do anything else that would indicate either abstraction or incompetence

You will find that you will inspire more faith in a prescription if you begin to write it immediately after receiving, to some important question, an answer that your manner shows is what you expected.

CHAPTER VII.

Every minute spent in studying to make your remedies agreeable will be more profitable to you than half an hour of any other kind of study. Whoever now gives much crude or coarse medicine in ordinary cases injures both himself and his profession, and lacks one of the simplest requirements of success. Indeed, one of the greatest drawbacks to young doctors, and one of the chief reasons why they do not assist their older brethren to supersede pleasant quackery faster, is, that having their attention riveted on their cases and being anxious to get the specific physiological effects of medicines quickly and fully, they too often give them in crude forms, forgetting that the majority of sick people are fastidious and have tastes and likes and dislikes that must be respected.

A great and almost universal mistake that *regular* physicians make is to think that when people send for doctors they send solely to have medicines given. Many people are much more anxious to get an opinion of the nature and tendency of their case and words of assurance from the doctor than to begin a regular course of attendance and medicine.

Make special endeavors to retain every medicine hater that falls into your hands. Such *incorrigibles* had better be under your care with rational supervision and

small doses of good treatment, than to be paying somebody else for harmful quackery or fancy nonsense.

Keep ever in your mind that many people seem to be two-thirds spiritual and one-third animal, and that others seem to be but one-third spiritual and two-thirds animal, between which are all intermediate kinds. If you attempt to treat all these alike you will certainly fail. The mental management of the sick is often more difficult than the physical. A close study of mental therapeutics is one of the necessities that the regular profession is still extremely deficient in. Irregulars often give a mere placebo or useless agent, which faith (psychological energy) on the part of the patient potentizes and a wonderful cure (?) results.

Novel remedies often assist the cure through mental influences. Many regular physicians give valuable, true remedies, but give them just as they would administer to a horse or a sheep, and seem to despise the aid of faith, mystery, expectation and hope. They must learn to depend more upon the aid of hygiene, diet, and mental impressions in simple cases, and less on large, crude doses of medicine.

Remember that Dr. Diet, Dr. Quiet, Dr. Hope and Dr. Faith are four excellent assistants whose aid you should constantly invoke. Dr. Time is also in some cases very successful, but he is slow and unreliable, and unless Dr. Aider is called to assist, occasionally permits a curable patient to sink into his coffin instead of restoring him.

If you indicate to a patient for whom you prescribe an unpalatable medicine, at the time you order it, that

it will have a bitterish or a saltish taste or any other unpleasant quality, his mind will be prepared for it beforehand, and it will not seem so repulsive to him as if his palate were taken by surprise.

If the directions on the bottle indicate what a remedy is for,—for instance, if you have it labelled "apply to the injured foot as directed," or "for the pain in the chest," or "for the cough,"—it will be more apt to give a certain class of patients faith in its being a direct and proper remedy, and cause their minds to go with it rather than against it.

Remember that even a highly proper remedy may be pushed too far or continued too long. Indeed, cases sometimes reach a point at which it is better to stop all medicine temporarily and depend on hygiene, diet, stimulants, nursing, etc.

Keep yourself familiar with the bad effects that may follow the use of the drugs you administer, that you may either avoid producing them or promptly recognise and remedy them when they occur.

Avoid as far as possible the use of medicine that must be "taken through a tube," that must be kept "in a cool place" or "in a dark place"; on which "no water must be taken"; that must be handled with caution, or that the druggist must label "Poison," especially with doubters and medicine-haters.

Some people will not send for you till they are truly ill, for fear you will throw them into bed or salivate them, or bring them misery instead of relief. Others will be afraid you will give them quinine, or injure their teeth with iron, calomel, etc., or that if they begin to

take medicine they will not be able to stop. Disarm all such people by the assurance that their fears are exaggerated or groundless.

It is popularly believed that *quinine* gets into the bones, destroys sight and hearing, causes dropsy, etc. So firmly do some people believe these things that you will have to humor their prejudices, and give them either sulphate of cinchonia, compound tincture, or some other preparation of bark, when bark is indicated.

This prejudice probably depends chiefly on the fact that, being powerful for good, people naturally infer that it must be very strong and powerful for evil. We know that quinia is really an almost harmless *vegetable* product, that acts on malarial poisoning, not by great strength, but through its antidotal influence, just as water, an agent harmless enough to drink or bathe in, will subdue fire.

Reproach is often unjustly heaped on doctors and on medicine by people living in malarious districts, who sicken with this or that malarial affection, send for a physician, and get well, and might remain so, but being still surrounded by malaria they again inhale it and are again poisoned. This they call "a return," and for it very unjustly reproach both the doctor and the medicine. Of course, while the laws of nature remain as they are you can no more promise future immunity to convalescents remaining in malarious regions than you can promise the anxious sailor that winds will not create waves, or the uneasy farmer that frosts will not nip his exposed plants.

Malaria is usually contracted at night, but many

people are not aware of the fact that it can also be caught in the daytime, and should be put on their guard.

Keep yourself fully informed concerning dietetics and hygienics; also regarding the various health trips and summer resorts. Familiarize yourself also with the constituents and peculiarities of the various mineral waters and of the uses of each; with the comparative advantages of seaside and mountain trips, and with the classes of invalids to be benefited by one or the other; for these matters belong strictly to the province of medicine, and it is particularly desirable to understand them, because they are subjects that concern the better and more desirable classes of patients, with whom you will often have to make hygiene, medicinal waters, trips, etc., go hand in hand with medication.

The belief that taking water or ice is dangerous in fever is still very general. People are wonderfully slow to recognize the fact that water, whether applied externally or swallowed in small quantities at a time, is one of nature's greatest remedies in fever, especially if the patient has a craving for it.

When you are busy and wish to make a short visit, do not tell the patient so, but begin promptly to ask the necessary questions, and do not let the conversation digress from his case till you have learned all that is necessary. If the subject of the weather is broached, answer as if you were considering it only in reference to its influence on the patient, and go back to his case. Economize time thus; but if your patient is at all ill, neither mention your haste, nor show that you are in a hurry until you have made your examination and

written your prescription. After that, if you depart promptly he will not feel that your hurry has caused any inattention to his case.

It will often vex you, when you are busy and time is precious, to be kept waiting below stairs while the people prim and prepare to receive you in the sick-room, with as much prudery as if the surroundings rather than the patient were the object of your visit. Show every one the respect due to rank and sex, but manage to let such people know that your time is too precious to waste.

Never assign as a reason for being habitually late in visiting a patient that you are over-busy. Every one wants a physician who is in active experience and engrossed in practice, but no one is willing to be habitually slighted or crowded out. It is an excellent rule always to let patients know at your visit when they may expect your next visit, and go as near that time as circumstances will allow. To do so gives satisfaction and prevents anxiety, and you will upon going generally find them prepared to see you without detention or flurry.

It is very important always to ask to see the patient's medicine as soon as possible at your visit. Ascertain by both inspection and inquiry whether it has been taken according to your directions, *before* you express any opinion of the patient's progress. If you neglect to do so you may be caught confidently ascribing benefits to prescriptions that have not been filled, or to remedies that have either been thrown out of the window or emptied into the garbage-box, and you will become the victim of a never-to-be-forgotten joke.

School yourself to avoid crude remedies, and to cultivate conservative rather than radical ones. Throw gross physic to the dogs. Fame for not being heroic and not giving much strong medicine is just now a splendid item in a physician's reputation, one that might almost be adopted as a corner-stone. Of course, in cases where duty actually requires you to act promptly or to use powerful remedies heroically, take the responsibility and do whatever is proper without shrinking.

Avoid polypharmacy. It is much better to order some single remedy or a combination of which you know the physiological effect, than to give an indefinite medley on the ancient blunderbuss principle.

It is proper to teach patients the laws of hygiene and facts that relate to sanitary protection, that they may preserve their health; but it is neither just nor wise to teach any but medical students the secrets of our art. Especially avoid giving self-sufficient people therapeutical points that they can thereafter resort to and ignore the doctor. If you do, they will soon imagine they know as much about medicine as you do, or more, and not only take your bread from you, but will make hobbies of what you teach them, and trifle with them, till in bad cases the patient's disease is fatally seated. It is not your duty to cheat either yourself or other doctors out of legitimate practice by supplying this one and that one with a pharmacopœia for general use. If compelled to give people remedies under a simple form, study to do so in such a way as not to increase their self-conceit and make them feel that they know enough to practice self-medication and dispense with your ser-

vices; use whatever strategy is necessary to prevent such persons from taking unfair advantage of your prescriptions.

It is unwise to instruct a person with rheumatism, gonorrhœa, ulcers, sore mouth, sprains, or any affliction whatever, to get five or ten cents' worth of this or that remedy to mix for himself, unless it be one of the very worthy poor; because people are sure to abuse such orders, and to try to teach every one similarly afflicted how to treat himself. It is better either to let such persons have the medicine from your office, or to write them a prescription for it, with instructions neither to repeat nor lend.

In prescribing, and even in speaking of medicines, you should use officinal names, and not popular titles, unless there is some special reason for using a synonym.

Do not patronize any of the semi-legitimate pharmaceutical catchpennies that are now flooding our nostrum-ridden land. For instance, if a patient needs beef let him eat beef, or have beef soup or beef extract made for him; if he needs wine, order for him a suitable quantity of the kind which you prefer; if he needs iron, prescribe the kind and the dose you think proper, instead of making yourself a mere distributer of some enterprising fellow's ready-made "beef, wine and iron."

The same hat cannot fit every head, or the same shoe do for every foot, neither can the proportion of ingredients in a ready-made combination suit every patient.

Resolve never to prescribe a proprietary remedy or one covered by a trade-mark; it is better to avoid the use of all such ready-prepared remedies, whether trade-

mark, proprietary or quack, whether advertised to the profession or to the public, whether the so-called formula is given or not. If you order A's emulsion, B's lozenges, C's cod liver oil, D's pills and E's bitters, to patients, they will, by association, soon think that X's sarsaparilla, Y's buchu, and Z's liver regulator, also meet with professional approval. Determine that you will not aid any speculator in life and health to 'strike a trade' in your families, chiefly for the reason that *their nostrums do more harm than good.* Also for the lesser reason that justice to yourself and every other physician requires you to avoid prescribing or telling patients of preparations that enable them afterwards to snap their fingers in your face and renew them as often as they please.

Endeavor to have your prescriptions labeled so as to prevent indiscriminate renewal, as well as to prevent mistakes in their administration; when they are very important, have the name of the patient put on the label.

Remember this: The very best time to tell a patient not to renew a prescription is while writing it. If you fear it will be renewed against your wish, stop short while writing and remark to him that it will be a good remedy, or make some other true remark about it, but that he must take only one bottle, or that it must not be renewed. Your order given at that time will seem to be founded on some motive other than that of protecting your own pecuniary interest, will impress him strongly, and will be invariably obeyed; this is probably the most effective of all plans to prevent pre-

scriptions from being renewed and adopted as a regular resort in similar cases. With this exception make it a rule not to talk, listen to, nor answer questions while writing prescriptions.

Never write a prescription carelessly. Cultivate the habit of scrutinizing everything you write after it is written, to assure yourself that there is neither omission nor mistake, and sign your name or initials to every prescription, but not till you have satisfied yourself that it is as intended.

In consultation, the prescription agreed upon should be written by the regular attendant, and if the consultant is still present, should be submitted to him for inspection; but only the regular attendant's name or initials should be signed to it.

A very, very useful rule in many cases is to name the hours at which medicine is to be taken; thus, if it is to be taken every five hours, instead of writing "a teaspoonful every five hours," write "take a teaspoonful at 7, 12, 5, and 10 o'clock daily."

Neither alarm your patients nor their friends, nor risk the dangers of the chloral, opium or other bad habit by allowing them to know they are taking such articles.

If you instruct a patient how to use the hypodermic syringe on himself, or to inhale chloroform or ether, he will probably adopt the habit; if he does, you will surely and *deservedly* incur the blame. The slaves of such habits always blame their acquired passion or their enslavement on the doctors who first ordered or used them, if they have any ground at all for doing so.

Remember, when giving directions in regard to doses, that spoons and drops vary greatly in size. A patient can save much trouble and uncertainty in cases where medicine is to be taken for any length of time by getting a graduated tumbler or medicine glass, which is both convenient and precise. A minim is a definite quantity, a drop is not; therefore, in prescribing potent fluids you should order minims instead of drops.

Never turn your cases over to "*specialists*" unless they have features which render it an actual duty to do so. If you refer every case of eye disease to the oculists, every uterine case to the gynæcologists, ear cases to the aurists, surgical to surgeons, and so on throughout the list, you will lessen your own field of activity, soon lose all familiarity with the affections that specialists treat, and will degenerate into a mere distributer of cases, a medical adviser instead of a medical attendant —studying everybody's interest except your own, and making reputations for them out of that which sinks your own individuality and destroys your own fame. A good rule is this: whenever a case proves wholly unmanageable by usual treatment, or is so grave in prognosis as undoubtedly to require broader shoulders than yours to bear the responsibility, either call in a specialist to aid in its management or turn it over entirely to him. Timidity and infalliblity are both bad traits in a doctor, but the former is the greater drawback.

When you transfer any one from your care to a specialist's, always do so either by a consultation, a letter, or a personal interview with him, that he may learn directly from you your diagnosis, prognosis, treat-

ment, etc. You will thereby give him the advantage of what you know of the case, and also prevent the risk of an injury to your reputation from an apparently radical difference of opinion between him and yourself; besides, it secures your graceful retirement from the case.

Be careful to make your patients fully understand that in turning their case over to a surgeon or specialist you do not cease to be their physician, that you have only turned them over *for that special affection.*

Ask for a consultation in all important cases in which there exists any doubt as to the diagnosis, and in all cases where you think either the patient's interest or a division of the responsibility demands it. When from any cause you see necessity for one arising, try to anticipate the family by being the first to propose it.

When you have bad surgical and other cases among your personal friends or relatives, or severe cases so near home as to involve you personally or socially, or in a neighborhood in which a group of patients are likely to be unfavorably impressed if the result is not good, it is especially necessary and wise to call a consulting physician, if for no other reason, to satisfy them, and at the same time relieve yourself of too much direct personal responsibility.

If possible, always have physicians selected as consultants who will add to your efforts by exhibiting knowledge and skill, and who will at the same time be likely to harmonize with you in the management of your cases; for their sympathy and kindly support may be highly necessary to the patient's welfare and to your own reputation.

Be punctual to the moment in keeping consultation engagements. You have no right to waste another's time in such cases; besides, it is oppressive and anything but pleasant for one physician to be kept idly waiting for another at the place of meeting.

In your consultations you will often feel great anxiety and suspense while waiting to see whether the consulting physician will be fair towards you in the case, or whether he will shrewdly expose your deficiencies to a few, to be told to many, till you are killed in the estimation of all to whom the case is related. To the honor of our profession be it said, the vast majority of its older members are not only punctilious, but really kind to the deserving on these occasions.

A radical change of diagnosis and of treatment, as the result of a first consultation, often naturally impresses upon the laity an idea that the previous diagnosis or treatment has been either faulty or actually wrong, and no material change should either be proposed or allowed *at that time*, unless some real necessity requires it. As a rule, the fewer apparent changes resulting from a first consultation, the better for the regular attendant's reputation; especially if he is a *young* doctor.

When a consulting physician is designated and called at your request, you should see that the payment of his fees is not neglected; you might with propriety broach the subject before he quits, to those who are to pay the bill. This can be done by privately informing them that his charges will probably be somewhat less if paid at his last visit than if they wait for him to send a bill, which might then be for the maximum amount.

You can, in such a case, speak much more plainly for your brother physician called at your instance than you could for yourself. His relations to the case suppose him to be thinking of its scientific and therapeutical aspects, and not of his fees. Prompt settlement of the consultant's fee will sometimes even bring about a more prompt payment of your own.

Unless the consulting physician gets his fees cash, or you are aware that special arrangements exist for their payment, be very careful to inform the people as soon as he ceases coming, or at any rate before the time arrives for sending them *your* bill, whether he will send his bill separately from yours or not. If you neglect to explain this to them, they will almost surely think you ought to pay him out of your fee, and a misunderstanding will result as to whether you or they must pay his bill.

When you consult with other doctors, whether in your cases or not, it is right to charge the same amount for your services as the consultants charge for theirs. You lose as much or more time than they at each consultation, your reputation is equally or more involved than theirs, and, unless they are celebrated specialists, there is no reason why your fee should not be equal to theirs.

In dispensing with the consulting physician when his services are no longer necessary, take care to make him feel that it is done amicably.

Remember that you have the right to refuse to consult with any one you deem unprofessional, or unsuitable to the case, also any one who is personally objectionable

to you, or in whose keeping you deem your reputation and interests unsafe. If you are attending a case and such a one is pressed upon you, you have a perfect right to retire. Fortunately, such dilemmas are very rare.

Do not refuse to consult with foreign physicians, with doctresses, or with colored doctors, provided they are regular practitioners, or even with undergraduates if they are advancing in the regular line towards their degree. You have no moral right to turn your back on sick and suffering humanity, by refusing to add your knowledge and skill to that of *any* honorable person whose professional acquirements and tenets give him a right to work in the professional field. It is not only unmanly to throw obstacles in the path of the less favored, but such a spirit is wholly incompatible with the objects of our art, and at variance with the spirit of science, which is cosmopolitan and knows neither caste, pride nor prejudice, and has no bounds except those of truth and duty. But every principle of *right* and *honor* will prevent you from ever entertaining a thought of fraternal association or consultation with eclectics, homœopathists, hydropathists, or other exclusives, under the specious plea of duty to humanity. Let their retirement be the prime consideration, the inflexible condition under which you assume charge.

Be exact in everything that relates to consultations. Let them always be formal and strictly private; consult within a room, and, if possible, one that is isolated from intrusion; exchange thoughts in an undertone and out of the sight and the hearing of eavesdroppers.

Never allow any one to be present at a consultation except the doctors engaged in it.

Remember that consultations are called for the purpose of deciding for the *future*, not to criticise the past; but if you are called to consult in a case and find the attending physician is suffering unmerited odium for his previous management, every principle of honor should impel you to *volunteer* to defend him.

Never express an individual opinion of a case seen in consultation except in strict accordance with the Code. If you do, those whom you address may, either unintentionally or purposely, misinterpret what you say or otherwise involve you.

If you are requested by letter or by a messenger to prescribe for an out-of-town patient who is not under the care of any other physician, it is perfectly professional to do so if you wish, even though you may never have seen the case.

If a professional friend for any reason requests you to see a case with him, not so much for the patient's sake as for his own benefit, you should do so, and that too without expectation of a fee.

Avoid decrying and ridiculing medicine to the laity, and boasting of your own and the general ignorance of disease and remedies; and suppress all other fulsome confessions. When a physician speaks thus he means it *relatively* only, means to say that he is aware and willing to confess that medicine is not an exact science; but the public cannot appreciate the sense in which such confessions are made, and they work ounces of harm to doctors who make them and pounds of harm

to the profession at large. Because all who hear or read them conclude that medical practice is only a network of uncertainty and confusion, and ever after either do not employ physicians at all or do so with utter distrust.

The truth is, physicians are far more imperfect than physic. For instance: there are undoubtedly medicines whose action is *diuretic;* but *diuretics* may be given when not indicated, or the *diuretic* given may not be the proper one, or it may be wrong in quantity, or be given at improper intervals, or proper restrictions for its use may not be enforced. Now none of these errors are justly chargeable to the class of medicines we call *diuretics*, nor to the art of medicine, but are plainly due either to the *doctor's* bad judgment or to his ignorance. The fact is, all physicians know of very nearly the same remedies, but skill in curing with them consists in selecting the proper ones, in proportioning the dose, judging the time, etc. Just as different persons essaying to paint will exhibit different degrees of success; one possessed of natural aptitude will attain wonderful skill, another less apt will reach mediocrity, while a third will fail entirely in his attempts and quit in disgust—this difference in result being due not to a difference in the material or colors at the command of each, but in the more or less perfect judgment and skill shown by each in selecting and using them.

Ability to determine accurately the condition of a patient, and to conceive and to do the right thing for him at the right time, is the essence of skill, and is the chief difference between successful and unsuccessful doctors, and is the great secret why the prescriptions of

some medical men are much more valuable than those of some others.

A proper use of medicines, instead of a wholesale renunciation of them, is a leading characteristic of a good physician. When you hear of a doctor who wishes to be considered especially clear, or ahead of others, or extraordinarily fair in his opinions, boasting that he "does not believe in drugs," "depends on nature," etc., you can safely conclude that in his zeal to become a medical philosopher he has lapsed in his materia medica, or overstates his credulity, or that his usefulness has run to seed.

Does the mariner lose his faith in navigation because ships are tossed by the winds and waves and sometimes wrecked? or does the farmer lose his faith in agriculture because droughts and grasshoppers sometimes ruin his crops? Would any worthy sailor fold his arms and do nothing while the storm raged, or any philosophical farmer neglect to plant again when the season returned, because the sailor's brightest hopes are sometimes crushed and the farmer's fairest prospects are often blighted?

Is there a physician on earth who would let intermittent and remittent fevers take their course without drugs, or who would let the syphilitic and other poisons develop or progress unattended? Is there a graduate anywhere who confesses he can do *nothing* for pain or for fever, for nervous complaints, for digestive affections or chest diseases; nothing for the circulation, or delirium, insomnia, headache, epilepsy, hysteria, gout, neuralgia, worms, colic, acidity, peritonitis, constipation,

diarrhœa, anæmia, scurvy, etc.? If there is a doctor in the land who has never seen medicines restore health or prolong life, who does not sincerely believe in his power to benefit by drugs some of the twenty-four hundred diseases and modes of decay to which mankind is subject, he should at once and forever, for conscience' sake and for the sake of the afflicted, take down his sign and no longer pretend to practise.

The tolerance of disease has greatly increased in the last few decades, and is still increasing, and medical theories and practice are undergoing great changes. The advance of scientific observation is constantly teaching us to distinguish more clearly between the multitude of simple self-limited cases daily met with and the few that threaten a fatal issue, and *of course* we of to-day use much lighter remedies for the former class than our predecessors did; but it is doubtful whether in real sicknesses we have *lessened* the doses half as much as some imagine. You now give twelve or fifteen grains of quinia daily for the intermittent where physicians formerly gave half an ounce or an ounce of crude bark containing but six or eight grains. You give to-day the same dose of opium or its representative, morphia, when indicated, as they gave a hundred years ago, the same quantity of castor oil at a dose, and about the same throughout the entire materia medica. The great difference is that we do not now prescribe vaguely or rashly, and when cases are obscure or undeveloped our treatment is tentative instead of heroic.

We of to-day know that three in every ten of those who send for doctors need no positive medication, and

nine of the ten would get well sooner or later by proper hygiene and intelligent nursing and dieting if there were not a doctor in the world, and we are naturally prescribing less and less. In children's diseases especially we now in many cases trust chiefly to nature, and see them get well from what look to be alarming conditions almost as if by magic.

CHAPTER VIII.

The real secret, the very foundation of the success of various systems of practice that have arisen within the last century, has been *nature's marvelous disease-limiting power*, and "Old School" adjuvants, adroitly interwoven with hobbies that have but little value except as *advertisements*. Homœopathy, the pseudological novelty that Hahnemann created in 1796, got a wonderful start because it arose just when humoral pathology had satiated the world with crude remedies administered irrespective of form, taste, etc., and all were anxious for some change. It has not only successfully catered to fashion, but has actually become the profitable delusion of our day, and has captivated almost all ailers who, through disgust at our crude therapeutics, have become alienated and joined those who condemn the "old school." It has already lasted much longer than it would have done had not the regular profession been so slow to give up crude forms, over-medication, etc. Were any one to originate such a system to-day it would be still-born.

One of Hahnemann's most attractive novelties, the dynamization of medicines, the one that he and his followers have praised most in proselytizing, is a farcical parody on an old and well-known principle in medicine—a wonder-creating something made of nothing, whose chief use is to amuse the feeble. It not only violates

common sense, but conflicts with fixed mathematical laws, since a part cannot be greater than the whole. The truth is, their dynamization of medicines bears about as much relation to the science of medicine as the kaleidoscope does to the science of astronomy.

You can neither believe nor follow this or Hahnemann's other nonsense and follies, but you *can* follow *the fashion of the day* and *can* give to every fastidious or squeamish patient the smallest and most pleasant dose that his safety will permit, and *can* avoid giving any one crude remedies to a disgusting degree.

Aim earnestly to please every one's taste and ideas of medicine as far as compatible with his safety. Also avoid over-drugging, and remember that those who have been most fond of medicine often become suddenly surfeited and undergo a complete revulsion against both medicine and doctors. How can this be wondered at when even too long a continuation of beefsteak, partridge or oysters, or other choice food, causes disgust and utter loathing even in well people?

You are bound as if by an oath to use your best judgment for every one who puts himself under your care, but neither the Code of Ethics nor the Code of Honor prevents you from sailing as near to every popular breeze as truth and justice will allow.

Now, although homœopathy is fashionable, when a case actually requires medication you can make very little if any rational use of its so-called principles, which rest on the following foolish creed:—1*st. Curative remedies for the sick can be selected only by a study of provings on persons in health.* 2*d. Every remedy must be given by*

itself. 3*d. The similar and single remedy must be given in its minimum dose, i. e. the smallest dose sufficient to effect a cure in the case.* These are the three legs upon which Hahnemannism is supposed to stand; an *essential* triune, an *inseparable* unit. Violation of any one of these principles by the faithful is a confessed rejection of the whole.

You will observe at a glance that this creed is exactly two-thirds nonsense; that the first and second postulates are sophistical and should be rejected, and that the last is a rule that nobody denies, that every rational medical man has recognized ever since the days of Methuselah, and cannot in any sense be monopolized by homœopaths.

Contrary to what many unthinking people believe, this creed gives the homœopaths perfect liberty to give an atom or an ounce of lime, salt, sugar, or anything else, at a dose, provided they proceed on the homœopathic principle of similars; and the *question* whether he or you or any one else does or does not practise homœopathy *does not* depend upon the size of the dose at all. They might give an ounce of a medicine in cases in which you would give but a grain. Their ounce would not make them *rational* physicians, nor your grain make you a homœopathist.

Here is the true test as to whether you are practising homœopathically or not: Were you to examine a patient and ask yourself, *What is the best treatment known to the world for a case like the one before me?* and give him that, without regard to either creed or boundary, you would be practising *rational* medicine. If, on

the contrary, you were to examine a case and ask yourself: *What article would produce a totality of symptoms similar to these in a well person?* and give him the one you thought would come nearest to doing so, you would be practising homœopathically. Now, it is safe to conclude that if you practise medicine forty years you will never sit down by an ill man's bedside and ask yourself seriously, "What agent would produce a disease similar to this, or symptoms similar to these, in a well person?" and attempt to deduce therefrom your line of treatment. Therefore take care to remember that no matter how small your dose, even though you prescribe only teaspoonful doses of *aqua pura*, or let your patient smell an empty bottle. it will not be practising *homœopathically*.

It is also safe to predict that you will never seriously entertain, much less follow, a system of medicine that in dogmatically seeking *similars*, arrives at poison oak as a remedy for erysipelas, croton oil as a remedy for cholera infantum, mercury for mumps, tartar emetic for typhoid-pneumonia, opium for apoplexy, and a countless myriad more of utterly utter nonsense.

Study the "Organon of Medicine," by Samuel Hahnemann—"Homœopathy Fairly Represented," by William Henderson, M. D.—"Hull's Jahr"—"Hughes' Pharmaco-Dynamics"—"Hale's New Remedies," and other leading homœopathic productions, and you will then fully realize what an amazing folly Hahnemann started and *why* we reject it, and will also see how men can mistake the workings of nature, and of faith and credulity, for the effects of—*nothing*—till their delusions completely pervert their reasoning powers.

The novelty of globulism and attenuations, like spiritualism and mesmerism, aims at one of the strongest qualities of the human mind, a quality that we should utilize more fully—*the love of the wonderful.*

Some of the unreasoning laity may think you are illiberal in refusing to fraternize with homœopathists and other irregular practitioners. Remember that the great principle which underlies our refusal is this: as lovers of *all truth*, we have no fixed, no unchangeable creed, but hail with delight every etiological and therapeutical discovery, no matter by whom made, and take by the hand *any one* who is liberal enough to consecrate his life's labor to suffering humanity; but when we know that a certain person circumscribes himself and practises a botanical system *only*, or a homœopathic system *only*, or a hydropathic system *only*, or any other *one-idea* system *only*, and is so tied down to that, by his love, or his bigotry and prejudice, that he *denies* the truth and the usefulness of all other known and honorable means of aiding suffering humanity, all rational physicians esteem him too illiberal to be a true physician, or for fellowship with those who profess to love *all truth*, and justly allow him to remain joined to his *exclusive* system.

Homœopathy would have been absorbed into rational scientific medicine before you were born *if* there had been anything in it worthy of absorption.

Nothing under heaven prevents you from doing whatever you think best for your patient; but if in so doing you adopt a narrow or foolish dogma or an exclusive system, and prejudice your mind against all other

ascertained truths, your partisanship will fetter you, abridge your usefulness, and make you unfit for fellowship in liberal medicine. Thus, when Vincent Priessnitz shut his eyes to everything but hydropathy, and Samuel Hahnemann tied himself to the homœopathic dogma and rabidly denounced everything else, and Samuel Thompson threw away everything but herbs, they circumscribed their own usefulness and that of all who follow them.

> "For never yet hath one attained
> To such perfection, but that time, and place,
> And use, have brought addition to his knowledge;
> Or made correction, or admonished him
> That he was ignorant of much which he
> Had thought he knew, or led him to reject
> What he had once esteemed of highest price."

Not a single department of medicine has yet reached scientific exactness, and possibly never will. *We*, legitimate physicians, are striving hard to bring its various branches as *near* to perfection as possible, and are willing to learn medical truth and scientific wisdom wherever they can be found. When "New Schools" arise, if they contain any new or valuable truths, no matter how great or how small, we instantly incorporate them with the great mass to swell the records of rational medicine, so that the various truths possessed by our profession to-day form an aggregate of knowledge which, if put into one book, would make it thick enough actually to reach the skies.

The homœopaths and all other irregulars cunningly sneer at the regular profession and style us "The Old

School," "Allopaths," etc., to make it appear to the public that ours is but one of the various restricted creeds, which was good enough in its day, but now effete and behind the times. Their aim in doing this is, of course, to obtain the advantage of appearing to stand fully equal to us, just as, for instance, in religion Catholics stand with reference to Protestants, and in politics Republicans stand to Democrats. You know that nothing could be more false.

Remember that the title "Allopath" was the malicious invention of Samuel Hahnemann, and is applied to us by his followers with sinister motives; that it is both untrue and offensive, and is *not* recognized by regular physicians. Take care to promptly resent it when any one applies it to you through enmity, and to disown it and also tell of its falsity and origin when applied through ignorance.

An allopathic physician would be one whose restricted creed required him to substitute some other disease for the one he was called upon to treat. There is probably not an allopathist in the world, and it is doubtful whether there ever was one.

When people ask you "what school you practise," you may answer that you are simply A PHYSICIAN, limited to no particular creed; that you try to be *rational*, and like the bee, take the honey of truth wherever you find it; that as rational liberal physicians, the profession to which you belong, unlike the various "limited schools," accepts all truths, whether winnowed from past experience or discovered in our own days, and stands ready to receive and utilize any and every valuable discovery, no matter when or by whom made.

This flexibility explains why OURS IS A LIBERAL PROFESSION, and why the physician takes rank with the lawyer and the clergyman. To this trio of professions was long ago applied the term "The Liberal Professions," because their devotees have, in all ages, pursued them as freemen, subject to no bonds except those of TRUTH. If at any time during your career, any sect or school arises, no matter how great or how humble its pretensions, if it has even one grain of wheat to a bushel of chaff, it is your duty to seize the grain of wheat and utilize it, and cast the chaff to the winds. This adaptability is our strength and our glory, and is the element that will make regular, liberal rational medicine exist as long as there are sickness and suffering in the world.

Strange to say, nowadays the public, blinded by sophistry and swayed by false sentiment, invariably sides with the "new school" or the quack, or anybody else, whenever a contest arises between them and us. Even the newspapers, religious as well as secular, seem to delight in aiming sharp shafts at the regular profession, by making invidious comparisons between its modes of practice and theirs—telling of their wonderful success, of their steady growth in public confidence, etc., in highly colored terms. Editorial and other authoritative productions are frequently written on our exclusiveness, our bigotry, etc.; our disagreements, too, are magnified and reported in a sensational way, all *apparently* to antagonize and decry us, and enhance the interests of irregulars and quacks.

You will find that if a person happens to get better, even of an ordinary case, while under the care of an

irregular, or when taking a quack medicine, it will receive a thousand praises; if twenty get well by your remedies, it will scarcely excite a comment.

'Tis said the Chinese are so expert in making much out of little that they live and fatten on what a Caucasian wastes. In the same degree, irregulars and quacks thrive on the quickening influence of mystery, the emotions, expectations, faith, hope, etc., while we, with our minds fixed on more tangible aids, neglect them far more than we should. For proof of the power of the mind over the body, look at the liver pads, tractors, amulets, charms, and dozens of other ideal remedies in vogue, that the young and old, black and white, educated and illiterate, all kinds, classes and conditions of people are praising almost as if they had fallen from the skies.

Many irregulars have another source of éclat. They elevate what you would call a slight cold or a quinsy into a "congestion of the lungs," or a "bronchial catarrh," or a "touch of pneumonia," "diphtheria," or "post-nasal catarrh." They dignify what you would call a disordered stomach into a "gastric affection," a wind colic into "borborygmus," etc., for the cure of which huge ailments they are fully credited and fully paid. There is a fellow in our section who manages his patrons so adroitly that he often actually reaps manifold more credit and patronage for stopping a chill and fever in seven days, than a true physician would for doing the same in two days, and other ailments in proportion.

Another reason why irregulars get cases is, that if

a physician grows tired of a case and loses interest, or the patient gets tired of him and loses faith, the family is apt to desire a change of doctors, and fearing the attendant would become offended were they to dismiss him and employ one of his brethren, they get an irregular, under the belief that the doctor will feel *less hurt* if they dismiss him under the plea of trying "a different system" of doctoring, than on any other pretext.

Another reason why irregulars have partisans is that there is always a sufficient sprinkling of extremists in every community, who for some reason or other hate the regular profession, and who unite to abet and support any creed or system that practises in opposition to it, and of course the demand creates a supply.

Still another reason why they get patrons is this. They take care to announce that they cure by mild powers or harmless methods, and not by painful or dangerous treatment, bloody operations, or other *dernier ressorts* that science teaches *us* to use—against all of which they have aroused much of the existing foolish prejudice and abhorrence.

So great indeed is the popular dread of what doctors *might do*, that in choosing an attendant from among regular physicians, the nervous and the timid, who constitute *nine-tenths* of all the sick, are greatly inclined to shun all who treat heroically, and seek those who use moderate, even though less efficient means.

Homœopathy makes a specialty of poisoning the minds of its votaries, not only against the lancet, polypharmacy, and other needlessly active measures, but against *all* rational remedies, and inclining them to a

pathophobic watchfulness over the minutiæ of their health, which eventually makes them morbidly anxious about every function, and fills their minds with a medley of imaginary and exaggerated afflictions that haunt them like Banquo's ghost. You will often see perfectly healthy-bodied persons who might have passed through life with scarce a thought of sickness, after adopting its follies, become borne down by numerous magnified symptoms and constant indications for pellets and attenuations. We have a very wealthy but very silly lady in our section, who has become so imbued with it that, besides incessantly dosing herself with pellets, she actually plies her birds with them whenever they fail to sing and her kittens when they fail to mew. Other devotees, as if to perfect the folly, have given them to turkeys, sheep, dogs, cows, chickens, horses, geese, mules, &c.

Homœopathy has also profited, and is still profiting, wherever the English language is spoken, by an accidental misleading resemblance of terms. To all English speaking people there is no word so dear as "home, sweet home."

To you, as physicians, the term homœopath naturally signifies a person who practises a certain exclusive and visionary system. But to many of the laity, on the contrary, the first two syllables of the word suggest that he practises a simple home or domestic system of medicine, and the fact that he ordinarily prepares his own globules, solutions, etc., either at his own home or at the homes of those who employ him, instead of sending prescriptions to drug-stores, as we do, adds strength to this popular error.

By fostering the error this unfortunate resemblance creates—in some instances even anglicizing the term by dropping the *œ* and substituting *e*—and loudly terming all who practise rational medicine "Allopaths," Hahnemann's followers have materially aided themselves, and of course injured rational medicine in a corresponding degree.

This error is so natural that people often actually mistake regular physicians who supply their own medicines for homœopaths.

It is your duty, in the interest of truth and for the benefit of humanity, to make it known that the word "home" is of Saxon derivation, whereas the prefix *homœo* is derived from the Greek *homoios* (similar), and has no possible relation to hearth and home. Hahnemann seems to have built better than he knew when he styled himself a homœopathist, and not a pathhomœist, which has the same meaning.

You will find that nine out of ten of those who run after sugar powders and pellets know absolutely nothing at all about the Hahnemannian principles, and take them themselves and give them to their families solely because they are fashionable, novel, dainty and easily taken.

Do not infer that a genuine homœopathist may not be following homœopathy conscientiously, for there never has been an absurdity in regard to religious, political or medical questions that has not found very sincere supporters; nor that homœopathists do no good, for they do a great deal of good. But the good they do is *not* by *similars*, as has been proven by innumerable

observers, but by the accompanying hygienics, dietetics, faith, expectation, etc., which would do equally as much were the similars left out and atoms of taffy or sawdust or anything else substituted, to give their patients room to exercise their faith, and *nature* time and opportunity to do the work.

God help afflicted humanity were genuine homœopathy the medical man's only reliance in his struggles with disease. Think for a moment of a group of doctors entering the lazar-house depicted by Milton in *Paradise Lost*, to combat the afflictions of that protean assemblage with genuine *similia similibus*. True, while ministering to mucous catarrhs, nervous headaches, palpitations, functional dyspepsia, tonsilitis, catarrhal croup, chorea, uncomplicated exanthemata and slighter affections that have a strong natural tendency to recovery, they might, with a little adroitness and the free use of adjuvants, make themselves appear like magicians; but when they approached maladies which, unless thwarted by the truest medicines that are known to man, have a tendency to overwhelm and destroy, they must know in their hearts that they would be like unreasoning soldiers, who had irrationally abandoned their rifles and artillery, and with puny, valueless shotguns gone to trifle with powerful foes.

The truth is, if a man has a sickness in which the tendency is to death, medicines given on the principle of "*similia similibus curantur*" will not, cannot avert that result; while some of the agents that experience and reason offer, and rational physicians use, might restore him.

When chance brings you in contact with a genuine homœopathist, if you believe him to be a gentleman (true homœopathists are usually very respectable and upright), observe all the forms of politeness toward him, and treat him exactly as you would any other gentleman, but ignore him *professionally*, and never allow yourself to fraternize with him in the management of a case. But have nothing, emphatically nothing to do with the pseudo-homœopaths, who masquerade as homœopaths by a display of Hahnemannic nonsense, just as ostrich-hunters assume to be ostriches by dressing in that *wise* bird's feathers. Many of these pretenders simulate the genuine by carrying awe-inspiring satchels, as guardedly as if an additional shake of the dynamizations they contain might still further increase their potency and cause an explosion. Carefully search the satchel and the pockets of one of these and you will not only find the usual attenuations, triturations, tinctures and globules, and Lehrman's, Durham's, Lentz's, and Finck's high dynamizations ranging from the 800th away up to the terrific potency of an 86,000th (nonsense that would not vary the ailments of a fly); but search a little further and you will also find a full, a very full supply of Wm. R. Warner's, W. H. Schieffelin's, Sharp & Dohme's, and other varieties of sugar-coated granules of morphia, quinia, arsenicum, belladonna, elaterium, colocynth, etc. Be not startled if you also find a hypodermic syringe and a bottle of Magendie's solution—damning witness of his lack of moral sense and lack of honesty, and of his want of faith in what he professes. Respect every sincere believer in a false system, no

matter how great his error, but let the finger of scorn point forever at each and every double-dealing hypocrite who, as an advertisement of himself, vilifies and sneers at "*old school*" remedies while slyly using opium to relieve pain, chloral to induce sleep, quinia to arrest fever, and all our other prominent agents *just as we do* in full doses, and crediting the good they do to homœopathy!

There is also another self-adjusting variety, much less numerous, thank heaven! than the last, who, chameleon-like, are all things to all men, who actually *offer* to practise any exclusive system people wish. These are not as bad as the last, for they are at least honest in their announcement. But what would you think of a clergyman whose love of gold and lack of scruple would allow him to vary his principles *at will* and preach *anything* you wished, whether a strictly Catholic lecture or an ultra-Protestant discourse, an orthodox Hebrew sermon, a fiery Mohammedan philippic, or an out-and-out infidel harangue? He might believe in one or none, but he could not believe in all. Show a decent respect for the conscientious homœopath, but shun both the *bogus* and the *any-way-you-please* fellows, who use the name simply as a cloak because it pays to use it, as you would the plagues of Egypt.

Quackery subsists almost entirely on credulity and ignorance, and it is your duty to expose it in every shape, and to save as many from its evils as you can. Wherever you meet it, lift its veil and show its unworthiness and the harm it does.

One of the greatest of all wonders is that wisdom in law or theology, or perfection in the sciences, or skill

in the arts, or acuteness, even brilliancy, in other departments of human knowledge, scarcely increase some people's reasoning powers a single jot in medical matters. Why any person can be one of the wisest of men in all else, and an easy, almost volunteer prey to quacks and sophistical pretenders, as soon as sickness attacks him or his, is a very curious psychical enigma.

But few of the really sick who give these false and one-idea systems a trial, become converts. Many thinking people, persuaded into trying them, soon detect their fallacy, *their insufficiency*, and when true disease attacks them they return to the blessings of rational medicine. Therefore be careful not to banter, irritate or abandon people who are trying *isms* or *pathies*, lest from combating them and forcing argument you *drive* them into these vagaries permanently. Should they even contend that the earth is three-cornered, or that homœopathic nonsense has saved their lives, or that pumpkins grow on trees, do not combat them *too fiercely*. Pride of opinion and determination not to be browbeaten into recantation are unfortunate impulses to arouse, especially in conceited and silly people.

If, in exposing any irregular system, you are careful not to denounce it with too much violence, and to confine your condemnation strictly to the impersonal abstract subject, showing that you speak your real sentiments from conscientious devotion to the truth; and if, moreover, you avoid appearing anxious to excite hostility against the individuals who practise it honestly, your reasoning will have a great deal more weight with those you address and with the community.

You will occasionally be called again to families who strayed in disgust from regular medicine long ago, when bleeding, etc., were fashionable, who will be surprised to learn that you no longer bleed and salivate indiscriminately, as they imagined. If you are prudent and circumspect, most of these can be permanently reclaimed.

It is well to look into the principles of mesmerism, homœopathy, hydropathy, galvano-therapeutics, spiritualism, etc., to enable you to speak of them from personal knowledge, and to checkmate their representatives, who make great capital out of *knowing all about the "old school system,"* which they of course aver does not compare with the "new school" which they practise.

Remember that it is *not* on account of their methods of medication that we object to *exclusive* systems and refuse to fraternize with their followers, but because they assume dogmas and systems that are limited. Were you to announce yourself as an anti-herbalist or anti-homœopathist, or an anti-allopathist or an anti-eclectic, it would be equally as inconsistent with the spirit of scientific medicine as theirs are, and would abridge your usefulness and render you unworthy of fellowship just as it does all others who follow limited creeds.

Never hold a joint discussion before the public with irregulars or quacks, either through the newspapers or in any other way, for no matter how false or shallow their pretences are, such joint discussion, with the public as judge, would result in nothing good, but would bring them into notice and gain for them additional partisans.

Bear in mind that competent medical men all over the world, in the interest of truth and of suffering

humanity, investigate and test all so-called systems when they arise both in hospital and private practice, and the conjoined result gives us a true common-sense verdict. And it is no more necessary for every succeeding generation to retest every unreasonable medical vagary before rejecting it than it is for every one to study spiritualism and the Book of Mormon before condemning them.

We of Maryland have unfortunately no medical laws, and our common laws do not enter into a consideration of the worth or worthlessness of various *isms* and *pathies*, but recognize all kinds—Thompsonians and eclectics, real homœopaths and bogus homœopaths, hydropaths, the any-way-you-choose, etc., precisely as they do the regular profession; and if you ever occupy an official position under such laws, you will have to recognize certificates of death, vaccination, life insurance, etc., given by irregulars just as you do those of rational physicians. In a word, you will have to recognize officially every person that the law recognizes. State medical laws that legalize irregulars are impaired to a corresponding extent. Proper laws—laws that would at least weed out every variety of pretenders and quacks—should be enacted and rigidly enforced, instead of laws that compel those who administer them to recognize and legalize such vile impostors, and actually to give them a respectability before the public they would not otherwise possess.

Over-dosing, blood-letting, salivating, purging, etc., are now justly unpopular, and ultra-conservative, reconstructive medicines are in fashion. Almost every one is filled with the belief that he is debilitated. Say to the average patient 'you are weak and need building up,'

and you will instantly see by his countenance that you have struck *his* keynote. So much is this the case, that many of the sick, fully impressed with this idea, will want you to treat them with tonics and stimulants, even when their condition is such that these medicines are not at all indicated.

You must learn to distinguish cases in which you can safely depend on nature from those that nature cannot overcome, and treat each accordingly; for when you learn to recognize those that need an ounce of medicine and a grain of policy, and those that need an ounce of policy and a grain of medicine, you will enter the road of wisdom. When you have a patient who needs only a few drops of mint water, for mercy's sake do not violate common sense and force upon him an infusion of gentian or a large bottle of muriated tincture of iron and quinia, as if your chief aim were to *disgust* him. Give him nothing stronger or coarser than he needs, and leave the balance to nature. Chagrined homœopathists and their partisans will warmly assert that in doing these things you are working on homœopathic ground. But, although you will be catering to the popular taste and giving *very bland* medicine, you will administer according to common sense, without regard to *similia*, etc., and will be practising, not homœopathically, but rationally. Handle all who have treacherous stomachs, and the fastidious, and the homœopathically inclined, with kid gloves. The recent great improvements in the forms and palatability of medicines offer you splendid opportunities to do this. Neither offend their eyes, their palates, nor their stomachs, and you will succeed where neglect of these precautions would

cause failure. Give hypochondriacs, dyspeptics, and others who are fond of your attention but not of your medicine, small, tasteless or palatable remedies, and, unless there is a real necessity for it, do not oblige anybody to take medicine before breakfast or during the night. With such people make free use of the elixirs and the large line of sugar-coated granules of arsenious acid, corrosive sublimate, cannabis indica, nux vomica, morphia, podophyllin, strychnia, etc., now kept in every drug-store.

The smaller the means that seem to accomplish a result, the more surprising does that result appear to a patient. It does not seem wonderful to him that he should get better after taking an ounce or a pint dose of anything, but improvement following a tiny powder, or a pellet, or a tasteless solution, or a morphia granule, appears marvellously strange and is very pleasing.

Carry a phial of sugar-coated morphia granules with you, and give a proper number of them as soon as you reach cases in which great pain is a symptom. By so doing you can often relieve the suffering, and show your power over pain, before the messenger could get back from the drug-store with the remedy you would otherwise order. Morphia granules given thus become almost a substitute for the hypodermic syringe.

Rational physicians are everywhere rapidly conforming in trivial cases to the changed popular notion, and are giving more concentrated and more palatable forms of medicine, and are in consequence rapidly bringing vast numbers of the erring from the ranks of *isms* and *pathies* back to their faith in rational medicine. *Determine to do your share in this good work.*

CHAPTER IX.

Be just and friendly towards every worthy druggist. Owing to the close relationship between pharmacy and medical practice, the pharmacists are your natural allies, and should receive your friendship and respect. Probably all physicians will agree that in the ranks of no profession can a greater proportion of gentlemen be found than in the pharmaceutical.

An excellent rule is strictly to avoid favoritism, and let all reliable druggists compete for your prescriptions and for the family patronage they influence. You will make a serious mistake, and engender active enemies too, if you step out of your way and without proper cause instruct patients to buy their medicines from any particular drug-store; if a prescription is properly compounded it makes but little difference by whom it is done, so the compounder is honorable and reliable.

Do not deter your patients from patronizing a druggist simply because he is also a graduate in medicine, unless he is uniting the two callings from mercenary motives, or habitually prescribes, or has the drug-store as a stepping-stone to get acquaintances and a practice as a preliminary to making his debut as your antagonist or rival; but if you allow your prescriptions to be compounded by a drug-store physician who *prescribes* over his counter, or in the office or parlor, free of charge,

and makes it up on the medicine ordered, you will be very apt sooner or later to regret it.

Independently of all other considerations, the practice of both pharmacy and medicine is too much for even the most intelligent of men, and one or the other is apt to be slighted; and if your prescription falls into the hands of such parties, both you and your patient must take a great many risks.

There is not the slightest wrong in having your name on your prescription papers. But neither use a prescription paper that has your name printed in conjunction with that of any druggist nor with any name except your own on it. If it contained the name of a druggist it would naturally suggest collusion or something else not complimentary; if it contained some enterprising fellow's commercial puff it would indicate very ordinary taste for you to use it. It is probably better always to write on good plain paper.

It would be wrong, *very wrong*, to receive from an apothecary a percentage on your prescriptions as payment for sending them to his store, and for this reason: were you to accept such an offer it would be robbing the purse of either the apothecary or the patient. Were the former to allow you ten cents for each prescription, and reimburse himself by adding that amount to the sum charged the patient for the remedy, it could not be looked upon in any other light than that you had combined to *fleece* ten extra cents from every poor sufferer who trusted to your honor. On the other hand, if the druggist had more honesty than you and allowed you to shear ten cents from his legitimate profit, because com-

pelled to do so or lose your influence, it would place you in a most contemptible position, and you would live in constant danger of an exposé and an indignant public sentiment that the strength of Hercules could not and the angry God of Justice would not subdue. You must live, and must have fees to enable you to do so, but unless you obtain every cent honestly and honorably you cannot escape the finger of scorn.

If any druggist volunteers to supply a physician and his immediate family with medicines either free or at a nominal price, or with such proprietary articles as he needs, at cost, the favor can be conscientiously accepted, but it seems very unjust for any one to expect or allow him to supply a whole generation of uncles, aunts and cousins on similar terms.

Never supply one or a few druggists with private formulæ that other druggists cannot understand, as it would at once suggest trickery. A still meaner device would be to have a private, a cheating code for use between you and a druggist. Surely neither you nor any other honest person needs warning against such infamous systems of swindling as these, for any one who would resort to private codes or cipher prescriptions for money-getting is weak and unworthy, and might be very properly classed with the Shylocks who accept a percentage on prescriptions and the wretches who produce abortion.

Although the law has decided that a prescription belongs to the patient, the druggist, after compounding it, has a natural right to retain it as his voucher, but he has no right to repeat it without your consent.

The unauthorized renewal of prescriptions has often produced the opium, alcoholic, chloral, and other enslaving habits. We all know it is often unsafe for a person to take a medicine ordered for another, or even the same medicine at different times. Besides, how can Mr. B. conscientiously label the second quantity, "Take as directed by Dr. A.," when the doctor is not even aware of the renewal?

According to the present habit of many druggists, the unauthorized renewals of prescriptions probably outnumber those of the authorized five to one.

Drug-stores have become so numerous of late, and the area from which each must draw its patronage is so small, that druggists in order to exist have either to charge very high for the medicines prescribed, or *substitute* inferior drugs; the result is that drug bills have gradually grown greater and greater, till of late they almost eclipse the expense of medical attendance. Many people, to avoid what appear to them *exorbitant* prices, actually buy quack medicines, make home mixtures, wend their way to costless homœopaths, or trust entirely to nature, instead of paying for prescriptions and then having to pay heavily to have them compounded.

The cost of medicines may be slightly reduced by instructing your patient to save the cost of the bottle by carrying one *with* the prescription; doing so is not at all objectionable to druggists, as they charge only *cost price* for bottles. A good way to decrease the cost of certain prescriptions is to omit inert and unnecessary ingredients; for example, if you prescribe a mixture of wine of colchicum root, tincture of digitalis and sulphate

of morphia for a patient, do not amplify what would naturally be a one-ounce mixture, that would cost about thirty-five cents, into three or four ounces by adding syrup, water, or other vehicle, so as to swell the dose to a tablespoonful and the cost to a dollar. Prescribe the necessary articles only, and let the directions tell how many drops to take and how and when to take them.

Another evil resulting from there being too many druggists for all to live by legitimate business, is that some, to make both ends meet, encroach on the domain of medical practice, usurp our province, and prescribe for every applicant that comes along whose case does not appear to be formidable, and thus build up a large office (or store) practice. Fully one-half of all diseases of imprudence are now seen and treated by druggists or their apprentices before applying to physicians. Those whose complaints prove simple are, of course, cured like magic by the *four little pills* the druggist recommends, or by the liniment he devises, or by *his great* fever-and-ague mixture, etc.; and they, thinking that some terrible spell has been turned aside, laud the druggist to the skies and advise all to go to—Doctor Pharmacist, instead of consulting a physician, with assurances that he is as good as the latter and a great deal cheaper.

Another, although lesser evil is this: If a patient's better sense carries him in the first place to a physician for advice, instead of to a druggist, there is every probability that he who takes the prescription to be compounded will be presented at the drug-store with one or two quack almanacs or advertising pictures, or that the bottle of medicine will be wrapped in some pushing

fellow's handbill. The druggist's co-operation as retailing agent for quack medicines is indispensable to quackery, and without it two-thirds of the quack remedies and proprietary trash that now curse our land would pine and perish.

You had better avoid all druggists whose presumption leads them to assume the rôle of physician. This of course does *not* refer to *emergencies* in which a druggist acts as a humanitarian. Medicines are the doctor's tools; a druggist may compound them for a lifetime and be an excellent pharmacist, and yet know no more about prescribing for the sick, properly, than making needles or scissors teaches the mechanic dressmaking, or making trowels and ploughs and chisels teaches the instrument-maker bricklaying, farming or carpentering.

Be also on your guard against instrument-makers and dealers who meddle with surgical cases, and manufacturers of appliances for deformities, etc., who presume to treat cases that should be referred to the physician or surgeon; and in fact avoid encouraging any one who encroaches on the physician's province.

Make it a point never to style a druggist, a preacher, or any one else, "Doctor," unless he *is* a doctor.

Avoid over-praising prescribing druggists to your patients, or people will, on your word, overestimate them and rely on their gratuitous advice, instead of on the doctor's, at least in all moderate cases.

Beware of *indiscreet* druggists, those who talk too freely, and those who converse, joke, etc., while compounding prescriptions, also those who put wrong directions or the wrong doctor's name on bottles, or surprise

and alarm people by charging a different price every time a prescription is renewed, as if they had no system, or as if it were put up wrong, or in other ways show abstraction or careless compounding, lest they involve you in their errors. For such people be especially careful to dot every *i* and cross every *t* in your prescriptions.

If you believe on good authority that any druggist so far forgets himself as to make disparaging comments upon you or your prescriptions, or to exhibit and decry your prescriptions to irregulars, laymen, or other doctors, or that he makes unauthorized substitutions, gives under-weight of expensive ingredients, or omits them altogether, or joins with our enemies in reviling our profession and its imperfections, or has a medical protégé under his wing to whom he is endeavoring to direct customers for sinister purposes, or is guilty of any other grossly unprofessional conduct, you are justified in directing your patients to go elsewhere for medicines.

Be prompt and decided in refusing to give professional certificates to anything secret, and do not be too liberal even in giving them to legitimate pharmaceuticals, and never issue one founded on any other basis than purity of ingredients, or special skill or experience in compounding them.

Willingness to give medical certificates is one of the universal weaknesses of mankind. The idea of being "an authority" and shining in type dazzles all classes. Many people could almost be inveigled into certifying that in medical matters two and two make five, by any sharper who understands how to tickle their self-conceit and their love of notoriety.

Be also chary in giving (un)professional certificates to any one on disputed or partisan questions, or regarding surgical appliances, copyrighted medicines, wines, mineral waters, beef extracts, health resorts, etc., for they will affect the general professional interest as well as yours. When you give one, persons who happen to know you may regard its personal and not its professional significance, but every one else all over the land will notice your title only. When John Doe gives his certified opinion that ice is *hot* and fire is *cold*, it remains simply John Doe's opinion; but when John suffixes his title of M. D., he undoubtedly gives that certificate a professional significance, and to some extent involves our entire profession therein.

Judge certificate-giving by its effects on our own profession. One of the worst inflictions we endure to-day is the endless parade of certificates from clergymen and other well-known persons recommending all kinds of medical nostrums. You know and every wise man knows that such certificates are not worthy of credence, and that the preacher of Gospel truth who, with absurd solemnity, lends his name and the cloak of religion to assist wily charlatans and commercial sharpers to prey on the afflicted, must be either a silly dupe or a cruel knave.

In signing certificates in life insurance or beneficial societies, or in giving your name for directories, state or city registers of physicians, and in other cases in which the form requires you to state what school of medicine you practise, be careful to record yourself as a *regular* or *rational* physician, and not as an allopathist.

The principle governing our condemnation of secret nostrums is this: They not only do more harm than good, but, if puffing and advertising alone are enabling the proprietor of a quack remedy to fleece the sick, its unprincipled owner deserves exposure and contempt. If the nostrum is really valuable, *which is very rarely the case*, its composition should be freely and fully disclosed for the benefit of suffering humanity.

Whenever you are asked by proprietors and plausible agents, or tempted by glowing advertisements, highly colored certificates, etc., to prescribe semi-secret trademark pharmaceuticals, copyrighted medicines, and the various elixirs, restoratives, tonics, panaceas, and other specialties with attractive *ideal* titles gotten up by crusading druggists, manufacturing pharmacists, pharmaceutical associations, etc., to catch the popular eye and the popular dollar—think of the cunning cuckoo (see p. 25), and how its one egg hatches evil to the whole nest, and do not use them. Unless you have missed your profession, if you are capable of thinking and have any ingenuity at all, the United States pharmacopœia and the dispensatory are certainly large enough to allow you to make *any* required combination, and you should follow this, the legitimate mode of prescribing, and let ready-made substitutes for medical attendance alone.

You should also maintain your independence and never order A's, B's or C's make of anything, *unless* you have some specific therapeutic reason for so doing. To specify thus would not only reflect on every other manufacturer and cause a still greater popular distrust of our materia medica, but would also put the compounder

to additional trouble and expense; for he might have half a dozen other varieties of the same article and yet be compelled by your specification to get another. Besides, it almost invites substitution.

Do not, however, oppose any remedial agent or any particular brand of anything on account of its having a monopoly, if that monopoly is owing to unusual skill or great perfection in its manufacture.

Patients think doctors know precisely what a medicine ought to cost, and will often ask you *how much* the druggist will charge for the remedies you have prescribed. Answer promptly that you do not know, and avoid mentioning any specific sum; because, were you to guess too high, they might infer that he had either made a mistake or used inferior drugs; and were you to guess too low they would probably accuse the druggist of overcharging.

Whenever you prescribe a remedy that is unusually expensive, such as musk, quinia, oil of erigeron, etc., take care to inform the patient of that fact, so that he will not be surprised when the druggist tells him how much he charges for it.

Notice particularly whether an apothecary gives unusual prominence to nostrums, quack almanacs and placards, or has quack advertising signs painted on his doors or outside walls, and it will give you a true insight into his aims and attitude towards our profession. If you see that he is pushing the *quack* department, with quack proprietors' portraits hanging around, and his own name and influence used in hand-bills and almanacs as a vendor of nostrums, bitters, plasters, pads, etc., you

may be sure that he is conducting his store on a *trade basis* instead of a professional one, and you will do right to rigidly shun him.

Drugs vary greatly in quality and in strength, and this is one of the occasional causes of uncertainty in the practice of medicine, and such variability would modify your efforts too much to be risked in any important case. A badly compounded prescription may rob you of your reputation and deprive the patient of his chances of recovery. Therefore, if you think an important prescription is likely to be sent to a druggist whom you conscientiously believe to have inferior or unreliable articles, it is your duty to direct the messenger to go elsewhere; for, being responsible for the patient's welfare and having your own reputation to care for, you have a perfect right, and indeed it is your duty under such circumstances, to order your remedies to be procured where you believe your prescriptions will be exactly filled. The art of medicine is imperfect enough at best, and you will encounter plenty of new and strange problems to remind you of your lack of aids and of the insufficiency of human resources, without adding the risk of being thwarted by an unreliable druggist; but when you find it necessary to *ignore* any one for this reason, take care to do so in a discreet ethical manner and with as little personality as possible.

You will for various reasons often wish you had synonyms for the terms quinia, zinc, opium, chloral, strychnia, morphia, and probably for other articles in daily use. Whenever a synonym for any of them is supplied, use it. By employing the terms ac. pheni-

cum for carbolic acid, secale cornutum for ergot, kalium for potassium, natrum for sodium, etc., you will debar the average patient from reading your prescriptions and hampering you, which is in many cases highly desirable. You can also further eclipse their wisdom by transposing the terms you use from the usual order and writing the adjective in full with the noun abbreviated; *e. g.*, instead of writing quiniae sulph., write sulphatis quin., etc., etc.

Take care to have all powerful remedies for external use labelled "for external use," or "not to be taken," which will not only prevent misunderstandings, but in case they are swallowed by mistake it will save you from censure.

You will notice that some druggists label the remedies they compound for you with their *file numbers only*, thus, 17,483; while others pursue the much more satisfactory plan of adding the date on which it was compounded, thus 17,483, 19-7-83, signifying that it is number 17,483, and that it was compounded July 19th, 1883. The latter plan will enable you to distinguish between the dates at which you prescribed different bottles of medicine, and otherwise be of service to you. I am sure the majority of druggists would cheerfully make use of this system if they were aware how often it assists the physician.

It is well to request neighboring pharmacists always to inform you of any ambiguity or apparent mistake in your prescriptions before dispensing them, and in return, when you suspect there has been a mistake in compounding a prescription, be very careful not to make your

suspicion known by either word, look, or action, till you have conferred with the person who compounded it.

Bear in mind that the druggist is only human, and that he, like every other person, requires some rest, and do not order mixtures requiring tedious manipulations, or direct filthy ointments to be mixed, or dirty plasters to be spread, suppositories to be moulded, etc., on Sunday or during sleeping-hours, unless they are urgently needed.

CHAPTER X.

As a doctor you will sustain two relations to your patients: first, that of a person striving to relieve or cure the sick and the suffering; secondly, that of a person who justly depends upon those for whom he labors, for a comfortable support.

Business is business. The practice of medicine is the business of your life; it is as legitimate as any other. You must live by it just as other people live by theirs, but cannot do so unless you have a business system, for upon *system* depends both your professional and your financial success. Neither untiring study nor unselfish devotion as a humanitarian can lift you above the demands of the tailor, the instrument-maker, the bookseller, the grocer, the butcher and other creditors, not one of whom will take your reputation of working for *philanthropy*, or your smiles, thanks and blessings, for his pay; nay, even the conductor will put you off the street-car that carries you to your patient if you do not pay your fare. It is of course a pleasing thing to be *very popular*, but your popularity, even though it spans the whole city, will neither fill your market-basket nor purchase books, pay your office rent nor buy horse feed; and though money is *not* the chief object in the practice of medicine, it ever has been and ever must be one of the objects, and no one can sustain his practice without a money feature. If people do not pay you, you cannot

live by your calling, and will very soon tire of *all work and no pay.*

The nearer your financial department approaches the *cash* system the better for you and your family. It is often more advisable even to submit to a reduction in a bill for prompt payment, than to let the account stand and run the risk of losing it. After settling promptly, many patients will feel free to send for you again and make another bill, even in moderate sickness, instead of dallying with home remedies or quack medicines, as they might do if they still owed you.

You should present your bills while they are small, and your services are still vividly remembered, for another reason: if you are neglectful or shamefaced and do not send your bills promptly, it will create a belief that you are not dependent upon your practice for a living and do not need money, or that you do not hold this or that person to your business rule, or are not uneasy about what *they* owe you; and if you foster such notions, a bad system will grow up around you, and great, irreparable loss will result. Asking for payment reminds patients that there is still a little of the human left in a man even if he is a doctor, and that you have to live, and must have your fees to enable you to do so.

The business of the world is now conducted on the *cash* system, instead of the old *long credit* plan, and you should do your share towards breaking up the unjust custom that doctors used to follow, of waiting six months or a year after rendering services before sending a bill. If a physician attends a person, say, in February, and sends his bill in March or April, it seems to the patient

like a current expense, and as if the doctor lives by his practice, and it is apt to be paid promptly; whereas, had he delayed sending it until July or January, the debtor would naturally think the doctor had merely sent it out with a whole batch of others, *more* because he has posted his books than from a special desire for its payment; and in this belief he would probably let it remain unpaid for months longer, till it becomes an old back debt, which is the hardest kind to pay. Besides, time effaces details; and recollection of the number of visits, the doctor's watchings, cares and anxieties are also forgotten, and the bill, though really moderate, is apt to look large. All these considerations combined are apt to make people feel, when they do pay an old bill, somewhat as if they were doing a generous thing and making the doctor *a present* of that amount.

You will have to make a great reduction in many large bills after they have become old, therefore look after them while they are small and recent. Indeed, were you to let one bill add to another till the total reaches a great amount, you might place it wholly beyond the power of the person to pay it, and wrongfully *force* him into the position of a dishonest man.

The very best time to talk business and have an understanding about your fees with doubtful or strange patients is at your first visit or at the first office consultation, and the best of all times to judge people's true character will be when you have money dealings with them. Even a single dollar will sometimes show you exactly what a person is.

Make it a rule never to accept a commission or fee

from any one under circumstances that you would not *willingly* submit to investigation by the public, a medical society or a court of justice. Your severest test will be when money is enticingly offered to induce you to do doubtful things.

You will not have practised long before you will find that your welfare will not depend upon how much you book, but upon how much you collect, and that if you never insist upon the payment of your fees you can never separate the chaff from the wheat. If you have a rule and people know it, they associate you and your rule together. Let the public know what your system is in the early years of your practice, or you cannot do so afterwards. When a new family employs you, render your bill as soon after the services end as gentility will allow, especially if there has been a previous attendant who was an indifferent collector or no collector at all. Send your bill as a test, and if there is objection to you because you want your fee, the sooner you find each other out and either have an understanding or part company, the better it will be for you.

When patients ask you how much their bills are or how much they owe you after office consultations or operations, etc., always answer promptly and soberly "one dollar" or "ten dollars," or whatever else the amount is. If you avoid preceding or following this reply with any other words, most people will in the embarrassment of the moment proceed to pay you without objection, whereas if you add more words it will weaken your claim in their minds or make them believe you have no fixed charge, and will furnish them

with a pretext to show surprise and to begin to contend for a reduction. When one does demur at your charge, show your amazement at his doing so, and be ready instantly to defend or explain the justice of the charge.

Accounts for surgical cases, midwifery, poisoning, and in fact for all unusual cases, should be promptly "charged up" on your books; for unless this is attended to, the patient may come unexpectedly to pay his bill, and you might through embarrassment or lack of full remembrance of the services, name entirely too low a figure and do yourself an injustice. Besides, having the amount already determined upon and written down shows it to be the *fixed* price, and the patient is less apt to ask for a *great* reduction, if any.

Take your fees whenever tendered. Patients will often ask, "Doctor, when shall I pay you?" or "Shall I pay you now?" A good plan is to answer promptly, "Well, I take money whenever I can get it; if you have it you might pay it now, as it will leave no bones to pick," or "Short payments make long friends," or "Prompt pay is double pay, and causes the doctor to think more of you," or something of that sort. Never give such answers as, "Oh, any time will do!" or "It makes no difference when," or you will soon find it to be expensive, very expensive modesty.

Never neglect to post your account books; for it would be violating the first law of nature to attend faithfully to the department of your occupation that concerns others and neglect the one that concerns yourself. The Scripture command is, "Love your neighbor *as* yourself"; it does not say, Love him *more*, but it

does say, The one who does not provide for his own household is worse than an infidel.

A good plan is to put the names of transient patients on your cash book instead of blurring your ledger with them, and give only patients with whom you think it likely you will have a permanent account a page in your ledger.

When a transient patient pays his bill cash, so as to make it unnecessary to transfer it from your visiting list to your ledger, the simplest way to mark it paid is to turn each visit mark into a P, signifying *paid.*

Your visits and cash entries in your visiting-list and day-book should be written in ink; for being original entries, they would be accepted in court as legal evidence. A good way to prevent forgetting any one or anything is to put names, visits, etc., down in your visiting-list with a lead pencil without delay till you have a chance to rewrite them with ink.

At the end of every week add up the amounts charged each one whom you have attended that week and put them on the visiting-list in the blank spaces found at the end of the lines after the Saturday space. By doing this weekly you can accurately estimate and charge the value of your services to each patient while they are still fresh in your mind. It is wise not only to enter at the end of each week the amounts charged, but also to write the names of the members of the family who have been under your care during the week, in the visiting-list over the visits, *for reference* in case your attendance should ever be disputed.

In posting your account books at the end of the

month, if you wish to transfer your visiting-list charges to the ledger without missing any one, use a checking-off plan. A very good way is to make a list of the names of all patients you have done anything for during the month, on a sheet of foolscap paper; then bring from the visiting-list to the foolscap the amounts marked for each week's services and put them after their respective names; after you have all the charges transferred in this way to the foolscap, run over your ledger, page after page, and look at every account as you go along. When you reach the name of any one against whom you have a charge to make, add up all you have marked against him and enter the total on his page of the ledger; but, instead of wasting time to write March, 1882, $7.00, enter it 3–82, $7.00, then cross that person's name off the foolscap list, and continue on, page after page, through the entire ledger. By this crossing-off system, if you fail to charge any one's account as you pass it, it will remain *uncrossed* when you get through the list, and will thus be detected. While going over the different pages of the ledger to enter charges, notice all accounts that need *rendering*, and take the number of each one's page on one of a pile of blank bills at hand for the purpose, so as to *return* and make out his bill after completing all your entries; also make, while turning the pages, a list of such delinquents as it would be proper for either you or your collector to ask for money during the approaching month.

When you make out a bill, put on your ledger, in the space just after the amount, *the date* on which the

bill for that amount was rendered; thus, $7.00, with 1–8–83 after it, would signify that a bill for seven dollars was rendered to that person, August 1st, 1883.

A good way to save the trouble of looking over worthless or dead accounts on your ledger, month after month and year after year, is to cross them off, using lead pencil, which can be erased at any time, if necessary, for such as may possibly be revived; and for those that are dead, or sure, from other causes, never to employ you again, use ink.

Patients will occasionally dispute the correctness or justice of your charges. If a bill is not correct, correct it cheerfully; if it is correct and just, do not allow yourself to be browbeaten into the position that it is not. Many people are not aware that the charges for *surgical* and various *extra* cases are higher than ordinary visits; some seem to think that for a visit at which you reduce a dislocation, open a large abscess, make a vaginal examination, or draw off the urine, you should charge the same as for ordinary visits. Of course, you must correct their error by explaining the difference, or, if necessary, by reference to the fee table.

Never undercharge for your services. It is ruinous to your interests and the interests of the entire profession. The tendency of undercharging is to depress the fee table permanently and to compel all doctors to work for under-pay. There is a vast difference between underbidding in our profession and underbidding in ordinary business pursuits; in the latter, cut-rates are only temporary; for, if merchants were to sell goods at or below cost for a length of time, failure would result,—

in business wars one withdraws, or they compromise and each advances again to full prices; warring doctors, on the contrary, having no goods to manufacture or to sell, can keep up the feud for years, give their skill to everybody for insignificant or nominal fees, impoverish one another, and almost starve those depending on them for support.

The wisest rule about charging for your services is to ask from the beginning of your career the fees usual for the best attendance, neither extravagantly high nor ridiculously low.

Let people know that you strive to make your bills as small as possible, not by undercharging, but by getting them well with as few visits as possible.

Never bargain to attend a patient or a family by the year; it is better to be paid for exactly what you do, than to have some people feel that they are giving you twenty dollars for five dollars' worth of service, and to feel you are giving other people fifty dollars' worth of service for twenty dollars.

Also, never bargain to attend whole neighborhoods of poor people at reduced rates; it never works successfully. Indeed, if you ever attend a confinement or other case in a family for a nominal fee you will not be able to raise the fee to the regular price again in that family, or even with others who hear of it.

Even though you are sure you will have to receipt your bill for a reduced amount, make it out for the standard sum, that the debtor may know your rates, and give you proper credit for whatever reduction you make; in other words, when you make a reduction to

those who plead poverty or other acceptable reason, let them understand that you are not reducing your charges, but are taking something *off* their bill, and enjoin upon them not to tell it around, lest it injure your scale of charges elsewhere.

When people talk to you about taking off part of their bill because they are poor and making the rich pay you more to make it up, take less if you think proper, but say not a word that would allow them to infer that you or any other doctor would charge any one, whether rich or poor, a cent more than *he* honestly owes.

It is customary and just to charge *double* for the first visit to a case, chiefly for the following reasons: You must at the first visit devote an extra amount of time and attention to learn the history of the case—must involve yourself in a diagnosis, and probably in prognosticating too,—must establish a line of treatment —must instruct the nurses,—must map out the diet, and point out the requirements of hygiene, and formally assume all the responsibilities of the case, all of which require extra services and extra time, and justify a double charge for the first visit.

There are a few people who think when a case is severe enough to require the physician to make more than one visit a day, that he should not charge for the additional visits, as if unconscious of the fact that cases dangerous enough to require an extra number of visits are the ones that throw upon him the greatest responsibility, cause him most anxiety, and contribute largely towards making his life one of hardships.

You will often have people to complain that their bill is high and ask you to make a reduction; yet, many of these very people would not employ you if you were a third-rate or low-priced doctor; everybody wants first-class services, but wants them as cheaply as possible. It is not human nature to prefer a fifty-cent silk to a two-dollar silk; but if people are lucky enough to get the two-dollar silk for one dollar they congratulate themselves. They reason the same way about physicians; very few prefer or appreciate a low-price doctor.

In *unusually* severe cases, and in those that require *unusual* exposure or *extraordinary* legal or professional responsibility, also for restoring persons after poisoning or apparent drowning, or where you have shown extraordinary skill, or had very great luck with bad cases of any kind, you should charge round fees. Attendance on an only child, an eminent or very important member of the community, or a stranger who has journeyed far with an important case that requires special attention, should also be charged accordingly, whether attended at your office or at their homes. In such cases be careful to pay no unnecessary visits; for in a very important case actually requiring three visits to which you make but three visits, they will appreciate you more highly and will more cheerfully pay a hundred dollars, than if you had also paid five additional, apparently unnecessary visits and charged but $80 for all.

Patients will often express surprise at your asking the same fee for an office advice as for a visit to their house; explain to them that although the charge is the same, it is much cheaper to be an office patient than to

be visited at home, because an office patient usually comes but *once*, or *only* when his medicines are out, or when some important change has taken place in his ailment, and quits entirely as soon as possible; whereas, if you have him under care at his home, your responsibility and feeling of uncertainty compel you to visit him frequently to ascertain whether he is getting along as expected. For these reasons a few office consultations with the responsibility of attending faithfully resting on the patient, if on either, often suffice, instead of many house visits, and in this way office advice becomes very much cheaper.

The difference between words used with office patients will sometimes be to you the difference between a fee and no fee. Some who consult you, if asked to call again *to let you see how they are getting along*, will, on returning, show by every word and every action that they do not expect to pay for calling, as they merely called because you requested them to do so. Therefore, unless you intend to omit the charge, it is better to *advise them to consult you again*, at whatever time you see proper to designate. This will convey an understanding that your regular fee will be charged.

Never agree to attend any one for a "contingent fee," that is, do not take patients with chronic sores, constitutional headaches, epilepsy, cancer, post-nasal catarrh, piles, dyspepsia and other chronic affections, or cases of syphilis, gonorrhœa, etc., on the "*no cure, no pay*" plan, or to pay "*if their expectations are realized*," or "*when all is over*." Make no such agreements; for they are never satisfactory, and will generally end in

your being swindled, and, it may be, charged with malpractice. Use the argument that you are willing to undertake the duty, but that you *charge for services, not for results*, and must be paid for your attendance even though the patient dies, and that all who employ you *must* take the probabilities of cure or relief. You might also hint to those you think are unworthy of credit that if they pay as they go it will encourage you, interest you in the case, and naturally stimulate you to do your best.

Fail not to demand your fee *in advance* for attending cases of *secret* diseases. If you do not, your patient will almost surely leave you about the time the case is completed, with his bill unpaid; and if you bother him about it, he will either pay it grudgingly or not at all, and if you dun him for it, will meanly assert that it was not a disease but only a strain, or that you did him no good, or almost killed him, or tell some other lie as an excuse for deserting and cheating you. Another reason why it is proper to get your fee in advance is that many would never come and pay it till you had sent them a bill by your collector, and would then indignantly claim that you had insulted and exposed them by sending a bill of that kind.

You have no right, either legal or moral, to expose the nature of any one's disease because he has failed to pay your fees.

Venereal diseases are the result generally, not of misfortune, as other inflictions are, but of imprudence, and are self-inflicted. And for this reason venereal patients have not the usual claim upon your sympathy.

Get a just fee in all cases of that kind before you begin; then stick to the patient until he is cured. He is not likely to change from you to another after he has paid you, and if his case proceeds slowly he cannot then suspect that you are purposely running a big bill on him, or delaying the cure on account of his being a good-pay patient, as he might do if he were paying you a dollar or two a visit.

Most men think they cannot have constitutional syphilis unless they have detected a terrible chancre as its beginning. You will often have difficulty in making persons who have not detected a primary sore believe their ailment is syphilis. Some men will actually scan you and quiz you when you tell them they have the p–x, as if they thought you an impostor, trying to scare money out of them. If you can show such a patient a fac-simile of his case in your illustrated works on venereal diseases, or read to him a description of it from a text-book, it will generally convince him fully. If you are certain that your diagnosis of syphilis is correct, look him in the eye and tell him that in your opinion he has genuine syphilis, and be careful not to be browbeaten into taking charge of the case for a nominal fee. It is a grave, long-continued disease, and the responsibility and worry of the medical attendant are often very great and very long; therefore the fee should *never* be nominal.

You can broach the fee question to any patient with a private disease by remarking immediately after making your first examination, "Well, I see what your case is, and am willing to take charge of it and give you

my best services, *if my terms will suit you.*" This will compel him to ask you what your terms are, and will give you an opportunity to tell him.

Some people believe the law compels you to attend any one who chooses to send for you. *It does not;* but public opinion might condemn you if you were simply, on account of fees, to refuse to attend an urgent case where humanity should prompt you to go. If you are either "*too busy*" or "*not well enough,*" it is always sufficient to defend you against argument or criticism. But "*I'm just at dinner,*" "*I'm too tired,*" or "*I need sleep,*" or "*I am afraid I will be dragged into court as a witness,*" etc., are not accepted by the public as sufficient reasons for refusing to go to a case, and should never be offered.

Not only should you send your bill to a patient at the proper time, but if you do not hear from him within a reasonable while thereafter, emphasize it by sending another, for he may not have received it, or may have thrown it aside, or may be neglecting it in the hope that you will let it sleep till it is out of date.

A very *effective* plan to use with a certain class of patients when you are in need of money is to learn the date at which you will have a note or bill to pay, or when you will have to raise money for any other special purpose, and to write about two weeks before that period and inform them briefly that you will have a *special* need for money at the time you name, and ask them to come and pay you on or before that date. Most worthy people will exert themselves to comply. You can in this way approach both your best and your worst

patients—some that you cannot successfully approach for money in any other way.

A good plan to pursue with those who habitually throw bills aside and neglect to pay them, is to send their bills some day when you are in need of funds, with a brief note asking them to pay that day, and tell your urgent reasons for asking. Even though they pay you nothing then, knowing that they have disappointed you will make them feel impelled to pay you something the next time they call on you for services.

By letting a certain prompt kind of patients know at the visit preceding the final one that your next visit will be the last, it will serve as a gentle hint and give them time to prepare, and will greatly increase your chances of getting your bill paid *cash* at the last visit. Convalescents from severe cases who visit you at your office after they are again able to walk out, in order to let you see how they are getting along, are very apt to broach the subject of settling, and either pay or make some definite promise before leaving.

It is wise to post your books, make out bills, settle with your collector, and in fact to conduct all the features of your pecuniary department, as much out of public sight as possible, that the public may know little or nothing about you except as a medical attendant.

You cannot put all kinds of bills on the same footing; there is *one* class of patients whose bills had better be sent by mail, *another* that had better be taken by your collector, *another* that you had better deliver yourself, and *a few* prompt-pay patients with whom it is preferable to wait till they ask for their bills.

Items and details had better never be specified on a bill unless specially asked for. They often dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. Assume the position that those who confide in you sufficiently to put their lives and their secrets in your keeping should feel sufficient confidence and gratitude to permit you to say what value you place on your services to them. A doctor's bill that gives the *items* is apt to be disputed or criticised unless it is unjustly small. Bills that simply state the *total* amount are much more likely to be paid without dispute. The items of every bill should, however, be carefully kept on your book, that the charges may be verified if requisite.

It is well to insist on giving receipts to people when they pay you money, even though they should deem it unnecessary. Compelling every one who pays to take a receipt not only prevents subsequent disputes, but also assists in keeping up a regular business form between you.

To shave too closely in money matters, or to be unreasonable, or too vigorous in your efforts to collect bills from any one, would not only be wrong, but would be very apt to injure your reputation and create a hostility that time cannot blot out.

It will seldom pay you to sue people, even if you should gain the case. It is unwise for any doctor to begin litigation except under very aggravating circumstances. You should never sue any one whose failure to pay is due to honest poverty. Be willing to do your share of charity for the virtuous poor at all times, but

the necessity of earning a living should make you careful not to let that kind crowd out your pay practice.

It will usually be wiser not to send a bill for going to cases of sudden death, drowning, suicide, persons found dead, murder, etc., in which the victim is dead before you reach him, or in cases where your services and efforts are not called into action, or are brief or nominal or clearly useless, as a bill under such circumstances is generally not only not paid but is harshly criticised. If, however, grateful people volunteer to pay you for your trouble, *take* whatever is right.

In cases of irremedial cancer, phthisis, etc., that, after going the rounds of the profession, consult you in their very last or hopeless stages, merely to see whether you can possibly do anything for them, you had better frankly acknowledge that you can do but little or nothing, and decline the fee *even if tendered*.

It is usually better to make *no charge* for ordinary or trifling advice incidentally given to patients when they call to pay their bill, or to persons for whom you happen to prescribe in public places where you are *not* pursuing your functions as a physician. Such exactions would, to say the least, risk unpleasant remembrance and harsh criticism. Every doctor sometimes writes prescriptions under circumstances where *his own* interests prevent him from making a charge or even accepting a fee that is tendered.

Never make a charge where the fee would come from another physician's pocket; every physician attends his professional brethren and their families gratis. Many also attend clergymen and their families without charge,

especially those with whom they have church relations, and such as receive salaries so meagre as to make the payment of medical fees a hardship.

Be especially fair in your charges against estates, and in all other cases where unusual circumstances place the debtor at your mercy. These opportunities will truly test your honesty. When you are in doubt what to charge, look around you, then upwards, then make out your bill at such figures as will show clean hands and a clear conscience.

When you and a professional brother do each a portion of the work in cases of accident, confinement, etc., a very fair plan is to agree to charge a joint fee and divide it. When you receive such a joint fee, go at once and divide every dollar with your fellow-worker on whatever basis you have agreed.

Never acknowledge or work under the fee-table of any association, *unless* it is in harmony with the regular professional fee-table of your community.

Humanity requires you to go to all cases of sudden emergency, accidents, etc., without regard to the prospect or non-prospect of a fee. You should do various things for the sake of charity; among these is to give relief to any one injured or in great pain, regardless of fees. At such times think only of your duty to humanity. The good Samaritan succored the wounded man, and took him to an inn and provided for his immediate necessities. You, as a physician, should, for humanity's sake, go and bind up wounds, mitigate pains and relieve suffering in all cases of emergency. After this is done, further attendance is, of course, optional.

It is your duty to raise your voice in the profession against the encroachments of the Free Special Dispensaries that, under the great plea of *charity*, attract swarms of patients—among whom are many who are *abundantly able to pay* for medical services. Dozens of physicians in every city are of late cheated out of their living by so-called "*Special*" Charities, carried on in the interest of individuals or coteries, who treat *everybody* that applies, the rich, the poor and the intermediate, without the slightest regard to the interest of other medical men.

Never slight the worthy poor who are under the iron heel of poverty and need medical attendance; to the poor, life and health are everything, and there are none so poor but they may amply repay your services by lasting, genuine gratitude. "The poor," said Boerhaave, "are my best patients. God will be their paymaster." But even in doing charity you must discriminate. There are said to be three classes of the poor: The Lord's poor, the devil's poor, and the poor devils. The first and last are worthy objects of every doctor's attention, and you should lose no opportunity to give relief to their distress. The less you have to do with the other class, *the devil's poor*, the better for you, but you will be compelled to attend more than you choose even of these, on account of their relationship to better patients.

"Prompt payments are fully appreciated," is a very useful maxim to have printed on your bills; it is truthful, and gives thanks to those who pay promptly. To those who do not it serves as a neat admonition.

You will find that neither honesty nor dishonesty is confined to any nationality nor to any station in life; you will find very good people and very bad ones among the rich and the poor, the white and the black. You will mount many a marble step, pull many a silver door-bell, and walk over many a velvet carpet for patients who will prove fraudulent in a superlative degree; and get many an honest fee from some who make no great pretensions and possess but little save their honesty. Indeed, the demands of fashion are now so great that many people with moderate incomes, anxious to appear better off than they really are, habitually slight their doctors in order to help keep up appearances.

This is not an exaggerated picture. You will see many a man bowed down with debt and despondency, while his wife and daughters flutter around as fine as peacocks, owing everybody and paying nobody. Indeed, tricky, double-dealing women will sometimes actually intercept your bills and make it impossible for you to ask their husbands for money, unless you resort to strategy and get your bills delivered by your messenger directly to the latter; and will even then do everything they can either to postpone or entirely prevent payment.

The most unsatisfactory and the most troublesome kind of patients doctors have to contend with are the *unprincipled tricksters* who cheat everybody that gives them a chance, and consider it no wrong at all to swindle physicians. You will be fortunate if you have tact enough to escape having anything to do with those you know to belong to this class. It is better mildly but firmly to decline to take patients who can but will not

pay, without assigning any reason except "*too busy*," than to contend with them about your fee after your work is done, and after all be swindled.

Tell habitual delinquents, and those who have plenty of money to buy beer or to furnish their houses like palaces, or to follow the follies of fashion, but *none* to pay the doctor—when they come to make their bills larger—that they are already as large as you can afford to let them get,—that you are perfectly willing to go and serve them again *after* they pay you what they already owe you or a reasonable part of it. This attitude will bring them to some action, or at least indicate to you the probable prospect.

A moderately successful practitioner has about two thousand persons who call him *their* doctor; whenever any one of them has a mental or physical ailment, he must share it. He must be bold as a lion with one patient and as gentle as a lamb with the next. He must combine all good qualities and appear the perfection of each to all men, and heaven knows! he deserves to be treated much better than he is.

The fact that a physician must keep up appearances, and that many make their visits with gloved hands, in stylish carriages, is regarded by many unreasoning persons as evidence that ours is a path of ease—that we ride around during bank hours, prescribe for a few select patients, receive dollars by wholesale, and soon get rich, which is a great, a very great mistake. On the contrary, every older physician knows that it is almost impossible to get rich by the practice of medicine, unless it is through a money-making specialty. The truth is, when

a doctor dies his family is usually left poor and helpless, unless he has acquired money otherwise than by practice. Were you to practice for thirty years without losing a single day, and collect eight dollars every day of your life, you would receive but $87,600. Deduct from that amount your expenses for yourself and your family, your horses, your carriages, your books, your instruments, your taxes, and a multitude of other items, for the whole thirty years, and then so far from being rich, even after so long and lucky a career, you would have but little, very little left to support you in your old age after a whole lifetime of anxiety, responsibility and usefulness.

A good collector, one who has tact enough to get money without making you active enemies, will be very useful, and is still more necessary if you are a poor collector yourself. Having only a business transaction with patients, his interviews with them are *all business*, and he can persevere in his efforts to collect, to a degree you would find unpleasant or humiliating. Many really honest people are too poor to pay large debts, and were you to allow what they owe you to accumulate from time to time into a large bill, they could not pay it to you even if they wished, and you would actually place them in a dilemma. Having a collector prevents this, and keeps your financial department in a good condition. It also stimulates those who are habitually slow in paying, and sifts out the fraudulent before they run their bills very high.

You should have some specific agreement with your collector, not only regarding his rate of percentage for

collecting, but also regarding the conditions under which he is to claim it. Among other things, stipulate that he is to make full returns to you at least once a week, also that he is to have no percentage on money paid to you by those he has not visited for thirty days, unless you have at their request stopped him from going; also, nothing on bills placed in his hands if the people come and pay them before he has delivered their bills, in fact nothing on any bill he does not in some way assist in collecting.

If you adopt some special shade or color for your bills, it will not only make them easy to find when patients mingle them with others, but will also remind those who are remiss or tardy in paying, of the debt, every time the color arrests their attention, and may, by constantly reminding them, actually secure or accelerate payment.

An interchange of lists (black-lists) of the names of fraudulent patients among physicians practising in the same section is mutually profitable, as it often prevents the unprincipled who could pay if they wished from systematically imposing on a succession of physicians, and coerces them into retaining and paying some one. Of course, the worthy poor, if unable to pay, should always be omitted from these lists.

CHAPTER XI.

Never exhibit surprise at any possible event growing out of sickness. You will be supposed to foreknow all conceivable things relating to disease, its dangers and its terminations. Even when death has occurred to some one under your treatment unexpectedly, do not let your manner indicate that you were entirely ignorant of its possibility or that you feel yourself blamable.

When there is danger of rapid or sudden death, beware of ordering chloral, opiates, or other potent drugs in such a manner as to create a belief that they caused or hastened death. Circumstances even make it wise at times to order this or that remedy under its common name, that, its harmless nature being understood, you may not be unjustly charged with doing harm.

When any one under your treatment dies unexpectedly or mysteriously, or shortly after the use of some new means that you have directed, or after beginning some new remedy, or shortly after you have performed some operation, or just after you have pronounced him better, or in any other way that could possibly expose you to unjust censure, it is better bravely to visit his remains without delay, so as to learn about the death, to discover what attitude the friends assume towards you, and to meet their criticisms by explanations, etc. On such occasions be self-possessed, and, if need be, explain and defend your course and your treatment. By

doing so you can anticipate evil reports and suppress or shape them before they are extensively circulated.

When you are called to a case of sudden death, the utmost composure of mind and manner is of great importance. Never express any opinion of the cause in any such case until you have calmly and coolly collected and weighed all the circumstances. The possibility of death being due to disease of the heart or brain, to poison, violence or suicide, should be carefully weighed before you express any opinion. If you neglect this precaution, further developments in the case may expose you to strong censure and deep mortification.

The popular belief is that if a sudden death begins at the heart there must have been a pre-existing heart disease, and the family physician is often reproached for not having discovered it during the patient's lifetime. Explain that the healthiest heart may suddenly become paralyzed or mechanically occluded and sudden death result. Bear in mind that the ordinary termination of organic heart disease is not sudden, but very slow death, preceded by dropsy, inability to lie down, etc.

A belief that stout, healthy people should endure accidents, operations, accouchements, diseases, etc., better than weaker, complaining people, is another popular error. The truth is the latter are schooled to pain, to disordered functions, lack of exercise, etc., and when they have to endure afflictions they are not so far from their usual condition as the former, and have not so much strength to be perverted into morbid action, and are in most cases very much more favorable patients.

You will seldom be censured for a fatal issue in the diseases of the aged, and never in those of hard drinkers, nor in cases where you have given an unfavorable prognosis from the first. On the other hand, if a woman dies in confinement and there is any possible chance to blame you, it will be done, for the reason that bringing forth children is unlike disease. Child-bearing is designed by nature to increase and not to diminish the number of our race; therefore death in labor, which is a physiological function, or during the lying-in, which is a physiological state, seems to be against nature and excites the criticism of everybody.

In accidents obscure as to nature or degree, also in cases of sudden illness when you are pressed to know whether the case is dangerous or will be of long duration, choose your language deliberately and give only indefinite answers, till you see whether any new symptoms will develop,—whether the system will react, and whether there will be a response to the remedies used. During the progress of such cases be careful to school your features and your manner that people may not read your surprises and uncertainties and either force consultations on you or entirely displace you.

In cases of accident and injury to drunken people have the presence of mind to give a *provisional* opinion only, till they return to a sober state. It is better to say, "He is certainly drunk; whether his drunkenness obscures other and more important features it is at this time impossible for any one to say."

Your patients will differ greatly in the amount of complaint they make in detailing their subjective symptoms to you. Some who are naturally stoical and apathetic will fall into the error of *understating* their cases, fearing that a fuller statement would alarm their friends, or that it would cause you to think their cases serious, and that they might have to take too much strong medicine or that the doctor might pay them too many visits. Such patients will sometimes die almost without giving a sign. Others, again, of a hysterical or nervous temperament, fearing that you may not consider them as sick as they really are, will, detailing their symptoms, *magnify* every ill. One of the many advantages a regular attendant has over others is his familiarity with these peculiarities of disposition, with the extent of the vocabulary each of his patients employs, and the amount of precision each uses in describing his sufferings. A fine lady, a hod-carrier, a lawyer and a sailor would each use a different kind of language to express the same symptoms.

In spite of your best endeavors you will be often criticised or upbraided for your lack of foresight regarding the recovery or death of patients.

The truth is that life is a *different* quantity in different people, and you will usually have no other way to judge a patient's prospect of recovery than by the *average* human standard. You will sometimes have cases which will surprise you by their having a great deal *less* than the *average* tenacity of life, and others by having a great deal *more* than the average; and no matter how careful you are, you cannot with our present

aids accurately prognosticate the endurance power of every patient.

To illustrate what is meant:

HEALTH, ...	0.
CLASSES, ...	1st.
	2d.
	3d.
	4th.
	5th.
	6th.
	7th.

Suppose the above seven figures to represent the various degrees of mankind's ability to endure sickness and injury, and that the fourth class represents the average extent of human endurance power. Now, some patients will actually succumb and die like sheep if the first degree is passed, some if the second is touched, others can endure to the third, and so on, while others will actually show tenacity enough to recover after going as low as the fifth or even to the sixth degree. Now, if you could penetrate each patient's vital recesses and gauge the total of *his* endurance power,—could see at which point *his* possibility of recovery ends and *his* dissolution begins,—there would be fewer unanswerable how's and why's, and you would seldom, if ever, be reproached for unpredicted terminations. This you cannot do, but *you can* in every case make full use of *all* the teachings of experience, *and must* avail yourself of *every aid* offered to you by medical science.

It is an undoubtable fact that the vast majority of people cannot correctly judge the extent of a physician's technical knowledge, nor estimate the real value of his services, but form their opinion of him almost entirely from the little details of his manner and conversation, and particularly from the amount of care he bestows on his patients and the devotion he exhibits,—which shows that the scientific is not all that is necessary.

Bear ever in mind that the physician's visit is the chief event of the sick person's day, that his approach is anxiously watched for, and that you should observe punctuality and system in attending; also remember that every phase of your conduct, every word you utter, every look, every shrug of the shoulders and every nod of the head will be noticed, and may be dwelt upon after you depart.

In conclusion, worthy reader, the more closely you study the moral and mental infirmities of the various classes that make up the community, the more clearly will you perceive that the practice of medicine has a peculiar and complex environment, and the more completely will you realize that a physician should make skill in curing the sick his chief reliance, and should fulfil every duty with fidelity and honor; and at the same time, the more fully will you see that he must add to these a certain degree of professional tact, and exhibit a corresponding amount of business sagacity, if he would succeed in the practice of his profession and create for himself a sphere of usefulness in the world.

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